

Region of Waterloo Emergency Shelter Program Framework



**“Part of a Coordinated Approach to
Preventing & Ending Homelessness in Waterloo Region”**

March 2017

ALL ROADS LEAD TO HOME



Region of Waterloo Emergency Shelter Program Framework



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Disclaimer:

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SECTION 1: INTRODUCTION

This section introduces the Emergency Shelter Program Framework (ES Framework), describing its purpose, what it includes, and how it was developed.

1.1 What is the ES Framework?

In general, program frameworks outline the purpose, description, and policy direction for a program area. The Emergency Shelter Program Framework (ES Framework) outlines the role that the Emergency Shelter Program (ES Program) plays in the local housing stability system¹ to prevent and end homelessness in Waterloo Region.

The ES Framework is written for the following audiences:

- Local ES Program providers (the primary audience);
- Other housing stability service providers that connect with the ES Program; and
- Members of the broader community who are interested in learning about the ES Program in Waterloo Region.

The ES Framework applies only to ES Program providers funded by the Regional Municipality of Waterloo (the Region) through the Community Homelessness Prevention Initiative (CHPI) (for more information about CHPI, see section 2). The ES Program currently includes seven ES Program providers² with a total capacity of about 250 spaces (see **Appendix A** for more detail). The ES Framework is attached as a schedule of the service Agreement between ES Program providers and the Region.

1.2 Why Was It Developed?

As further described in this document, the ES Framework was developed to respond to:

- The desire to deepen local learning about new approaches that offer people a better service experience with stronger housing outcomes, at less cost;
- An evolution in local sheltering options;
- The need for greater clarity about the role of shelter and how it fits in the context of a housing stability system designed to prevent and end homelessness; and
- Recent government policy and funding changes.

1.3 What Does It Include?

The ES Framework covers a wide range of topics:

- The history of shelter services in Waterloo Region;

- Where the ES Program fits in the local housing stability system and how it connects to other programs;
- A detailed description of the ES Program (definition, purpose, service objectives, scope of activities, core elements, and policy direction); and
- Plans to support implementation of the ES Framework.

Note: The current document is one of a number of guiding documents under development for the local housing stability system. Given that the ES Framework is being released before most of these other documents, it contains more detail than might otherwise be necessary. When the ES Framework is updated in the future, information that is referenced within these other documents (released between now and then) can be removed. For example, a new Housing Stability System Framework is under development that will feature information about local system redesign, progressive engagement, and common assessment. Also, as discussed in section 4, two documents will be developed as part of implementation activities for the ES Framework – a new ES Program Access and Referral Protocol and new Emergency Shelter Program Standards (ES Standards). These two documents will include only operational details referenced in the current document.

1.4 How Was It Developed?

Between 2013 and 2016, the Region led a number of activities to support learning about the role that shelter plays in preventing and ending homelessness. These activities took place in the context of broader housing stability system evolution, which intensified during this time (to learn more about why, see section 2). One of the key groups that supports this work is the Housing Stability System Working Group (HSS WG). The HSS WG is an advisory committee hosted by the Region (Housing Services). It informs the development and implementation of policies and practices for Region-funded housing stability programs. All ES Program providers participate on this group (see the Acknowledgements at the beginning of the document for membership as of March 2017).

Activities specific to development of the ES Framework included:

- Review of shelter-specific guiding documents from other communities (e.g., housing-focused policies and practices, funding approaches).
- In-depth review of current ES Program provider investments (through annual budgets) and policies and practices (including shelter diversion and intake messaging; daytime access; belongings, laundry, room cleaning and storage options; bed bugs; harm reduction; and service restrictions and planned intakes).
- ES Program provider “piloting” of new or enhanced practices related to:
 - Shelter diversion (including common script and Diversion Plan);

- Messaging at intake (including common Consent Form);
- Referrals between shelters (including common Referral Form);
- Stay-related services (including common Housing Plan);
- Discharges (including common Discharge Notices); and
- Service restrictions and planned intakes (including common reasons to restrict and maximum timelines).
- Consultations and opportunities to review draft materials:
 - Open invitation to meet with Region staff at any time;
 - Sixteen meetings with housing stability service providers (Working Groups);
 - Four sets of individual meetings between Region staff and ES Program providers;
 - Presentations facilitated by ES Program providers about Housing First and harm reduction in a shelter context, staffing models, and the shelter pilots;
 - Meetings with direct support workers and participants;
 - Six surveys (five to service providers, one to the broader community);
 - Three open community forums;
 - Four broad community stakeholder meetings;
 - Presentation to Regional Council on the draft document in June 2016; and
 - Drafts out for review April 2016 (HSS WG only), June 2016 (broader community), September 2016 (broader community), and February 2017 (HSS WG only).
- Training, coaching, and consultation with OrgCode Consulting. OrgCode Consulting works with communities to develop and implement strategies to end homelessness. They facilitated a community forum, reviewed draft materials, and coached shelter and Region staff. Region staff also attended shelter-specific training offered by OrgCode Consulting.

SECTION 2: ES PROGRAM BACKGROUND AND EVOLUTION

This section provides some context and a brief overview of the ES Program up to the end of 2016. It describes the reasons why people seek shelter services, the influence of provincial and regional policy on the ES Program, and how the ES Program has evolved to meet the need for shelter in the community over time. The section concludes with a summary of the redesigned ES Program and new policy direction for the future.

2.1 Reasons Why People Access Emergency Shelter

There are a number of reasons why people have accessed the local ES Program over the years, such as: loss of employment or housing; eviction for economic or behavioural reasons; relationship and/or family breakdown; discharge from a correctional or health care institution with nowhere to go; fleeing from threats of harm and/or abuse; substandard housing; mental health and/or addictions; or they were from out of town and just passing through.³ This list is not exhaustive, but reflects the broad range of personal, circumstantial, systemic, and structural factors at play for people who have lost their housing. Having an inadequate income is almost always a factor. People who have family, friends, savings, or other resources are often able to prevent housing loss by drawing from these personal assets to avoid homelessness and a shelter stay. People may also be eligible for community resources designed to prevent housing loss. However, when these personal and community resources become exhausted – and no alternative options are readily available – people may lose their housing and seek access to emergency shelter.

2.2 Provincial and Local ES Program Policy Context

Emergency shelters receive provincial funding through municipalities. In this funding context, there have been a number of policy changes that have influenced local understanding of shelters and their role in a system designed to prevent and end homelessness.

The Province's Long-Term Affordable Housing Strategy (LTAHS, released in 2010 and updated in 2016) informed the development of the new *Housing Services Act, 2011*, through which the Province required municipalities to develop 10 Year Housing and Homelessness Plans (10 Year Plans) beginning in 2014⁴. Municipalities were given this task because the Province identifies municipalities as Service Managers for Homelessness and Housing. As the local Service Manager, the Region is responsible for system planning, service delivery, accountability/quality assurance, and resource allocation related to housing stability in the local community. As a backbone⁵ for the housing stability system, the Region ensures that investments are aligned to create the greatest possible impact in Waterloo Region. When changes in service delivery are required to support implementation of the 10 Year Plan, the Region also supports necessary change management processes.

In the first LTAHS, the Province indicated its intention to consolidate a number of separate homelessness programs into a single, flexible, outcome-focused program. On January 1, 2013, the five homelessness programs previously funded by the Ministry of Community and Social Services (including emergency shelter) merged into a single, fixed funding envelope called the Community Homelessness Prevention Initiative (CHPI) under the Ministry of Municipal Affairs and Housing⁶.

The purpose of CHPI is to provide Service Managers with more flexibility to design and deliver programs that meet locally identified need. The impact of this policy shift is significant. It allows Service Managers to reinforce a shared approach to preventing and ending homelessness by investing in a broad range of programs across a coordinated system, rather than allocating funds for prescribed programs with varying degrees of policy alignment or fit with local need. Given that CHPI represents the vast majority of funding that flows through the Region designated to prevent and end homelessness (approximately 75 percent), the opportunity was particularly significant for Waterloo Region. Roles and responsibilities related to CHPI, the Region and local ES Program provides are summarized in **Appendix B**. The impact on the ES Program specifically is further described in section 2.4.

2.3 Overview of ES Program to 2012

The housing stability system has a long history of offering shelter options for people experiencing homelessness. Some providers have been operating in Waterloo Region since the early and mid-1900s. Similarly, the Region has a long history of investing in the ES Program, with service Agreements dating back to 1975. See **Appendix C** for more information about the history of the local ES Program.

In the early 2000s, the Region engaged local stakeholders to develop the first Waterloo Region Emergency Shelter Guidelines (ES Guidelines). ES Guidelines were released in June 2004 and updated in November 2007. The 2007 ES Guidelines⁷ provided a common service framework for the ES Program grounded in twenty guiding principles related to access and operations.

As further discussed in section 2.4 below, CHPI changed the way that shelters were defined and funded by the Province. Previous to CHPI, the provincial definition of emergency shelter was: “the provision of board, lodging, and essential services to meet the personal needs of people experiencing homelessness on a short-term, infrequent basis”. Locally, the definition and description of the ES Program was last revised in 2012⁸. At that time, the ES Program was defined as providing not only temporary shelter, meals, and essential services (the basic mandate defined by the Province) but also access to various levels of staff support.

Before CHPI, ES Program providers were funded through a per diem set by the Province, which was cost-shared 80/20 between the Province and the Region. Payment for each bed night was

contingent on eligibility for Ontario Works. In situations where OW eligibility was not secured for a person or family (e.g., because they did not apply or were denied), the cost of their bed nights was paid through other sources (e.g., fundraising) at the discretion of the ES Program provider. Locally, it was recognized that the per diem funding level set by the Province was not enough to cover all of the operational costs of the ES Program. As such, ES Program providers secured other funding through United Way, grants, fundraising events, and charitable donations.

Until CHPI came into effect, there was no provincial policy that outlined how shelters should respond to the various needs of participants identified earlier in section 2.1. As such, ES Program providers sought to address these needs through a similarly broad range of services. The summary outlined in the 2006 inventory helps to illustrate the scope of direct service. In addition to the basic necessities of shelter and food, local ES Program providers self-identified that they also provided: counselling; information about and referrals to various community services and government agencies; basic toiletries; used clothing; laundry; showers; chapel services; housing support and assistance with accessing financial resources; crisis support and intervention; job training; health and medical care; support to access identification; literacy and tutoring; foot care; advocacy with landlords, lawyers, probation and parole; social support and recreational groups; life skills training; individual plans of care; internet and computer access; some transitional support; interpreters; bus tickets; and referrals to drug and alcohol treatment centres.

2.4 ES Program Evolution 2013 to 2016

The introduction of CHPI on January 1, 2013 had a significant and immediate impact on emergency shelters. For example, stays are no longer tied to Ontario Works eligibility and funding is no longer tied to occupancy. Instead, funding is available under the “Emergency Shelter Solutions” CHPI service category and annual reporting on outcomes is required through a set of performance indicators. There are two CHPI outcomes:

1. People experiencing homelessness obtain and retain housing and/or
2. People at-risk of housing loss remain housed.

Locally, the Region began to grant fund the ES Program in January 2013⁹. To support the transition to CHPI, the Region led a number of pilots between 2013 and 2016. These pilots helped service providers and the Region to learn more about being housing-focused and adopting a Housing First approach across the housing stability system where people are supported to access permanent housing as a first step¹⁰ instead of waiting for other conditions to be met (like sobriety or treatment compliance). More specifically, these pilots shifted service delivery by practicing progressive engagement, shelter diversion, coordinated access, common

assessment, and service prioritization. By the end of 2016, there was new learning about how to align resources for a better service experience and stronger housing outcomes, at less cost. This learning heavily influenced the ES Program policy direction (see section 2.5 below); the progressive engagement model (see section 3); and the ES Program definition, purpose, service objectives, scope of activities (see section 4). Section 5 outlines where pilots and projects are ongoing as of March 2017, and how they will be supported through next steps.

Changes in the local community also had a significant impact on ES Program evolution during this time. The largest was the closure of the volunteer-based Kitchener-Waterloo Out of the Cold Program (OOTC), a seasonal overnight sheltering option that started in 1999 and ended in the winter of 2014/15. The Region supported the OOTC transition with a plan that included a temporary Transitional Shelter for the winter of 2014/15. Activities included in the transition plan helped ES Program providers and other local service providers to better serve people who had previously used the OOTC program¹¹. For further details about changes influencing the ES Program over this period, see **Appendix D**.

Finally, in January 2016, the Province updated the CHPI definition of shelter. The new CHPI definition of shelter is: “A facility designed to meet the immediate needs of people who are homeless. Emergency shelters may target specific sub-populations, including women, families, youth or Indigenous persons. These shelters typically have minimal eligibility criteria, may offer shared sleeping facilities and amenities, and may expect clients to leave in the morning. They may offer food, clothing or other services. This would include hotel and motel stays, where no emergency shelters exist or in overflow situations. This does not include extreme weather shelters, such as Out of the Cold programs and crash beds.”

2.5 ES Program Redesign and New Policy Direction 2017 – The ABCs of Shelter Policy

The Province’s introduction of CHPI afforded the opportunity for the Region to review and redesign the ES Program. The new policies and practices outlined in this ES Framework align with the new provincial guidelines and local 10 Year Plan, and will inform the next phase of local shelter evolution.

The new policy direction is identified as the “ABCs of Shelter Policy”. There are three main parts:

- “**A**” is what needs to happen so that shelter stays can be avoided, wherever possible;
- “**B**” is what the ES Program is about – bringing together quality shelter services for people and the community; and
- “**C**” is how the community and shelters work together to solve complex housing issues.

Each part – A, B and C – has one or more policy categories. For each category, there are one or more policy statements. **Table 1** organizes all of the ABCs, followed by a more detailed description of each category and policy statement below.

Table 1. The ABCs of Shelter Policy in Waterloo Region

| 3 Parts | 5 Policy Categories | 15 Policy Statements |
|---|--|--|
| <p>“A” AVOID A SHELTER STAY WHEREVER POSSIBLE</p> | <p>(1) Align policies and practices to prevent homelessness.</p> | <ul style="list-style-type: none"> • Explore diversion to other safe and appropriate options before offering shelter. • Don’t create incentives to access shelter. • Engage other systems in homelessness prevention. |
| <p>“B” BRING TOGETHER QUALITY SHELTER SERVICES</p> | <p>(2) Be housing-focused.</p> | <ul style="list-style-type: none"> • Reinforce the purpose of shelter as a process to find housing. • Tailor length of stay and services to strengths, depth of need, and barriers related to housing. • Expect and support active engagement in the housing search process. • Connect to other community resources. • If there is limited progress with a Housing Plan, explore need for more support. |
| | <p>(3) Be accessible, safe, and strengths-based.</p> | <ul style="list-style-type: none"> • Never turn people away because the shelter system is “full”. • Practice harm reduction and prioritize safety. • Coach participants through the next steps in their Housing Plan. |
| | <p>(4) Balance shelter demand with limited shelter resources.</p> | <ul style="list-style-type: none"> • Maximize use of existing shelter resources. • Invest in the ES Program as part of a plan to prevent and end homelessness. |
| <p>“C” COMMUNITY RESOLVES COMPLEX HOUSING ISSUES</p> | <p>(5) Collaborate to address unmet housing stability needs.</p> | <ul style="list-style-type: none"> • Engage in service resolution when all shelter options have been exhausted. • When coordinating access to more support, prioritize participants who need it the most. |

PART A: AVOID A SHELTER STAY WHENEVER POSSIBLE

In the first part of the ABCs, the goal is to avoid a shelter stay whenever possible. There is one policy category under Part “A”, as described below.

Policy Category #1: Align policies and practices to prevent homelessness.

In each of the three policy statements in this category, the focus is on aligning policies and practices to strengthen homelessness prevention. Policies and practices should never directly or indirectly make it harder to support people to stay housed or find another safe and appropriate place to stay (besides shelter). Because the ES Program is not responsible for

solving all of the systemic issues that lead to homelessness, this work extends beyond the housing stability system into all community systems that serve people with housing issues.

- **Explore diversion to other safe and appropriate options before offering shelter.** Offering intentional shelter diversion at coordinated access points to the housing stability system is an effective way to prevent homelessness. Shelter diversion ensures that access to the ES Program is the end result of specialized problem-solving. It is a collaborative effort between the individuals and families facing the housing issue, their informal/natural supports, and any other community systems that have mandates to serve them. There are many ways that diversion can help people to avoid a shelter stay. For example, through a diversion conversation, people may learn that they still have the legal right to stay in their current housing and receive a more appropriate referral for landlord mediation instead of a shelter stay. Others may be supported to stay temporarily with friends or extended family while they engage in a self-directed housing search.
- **Don't create incentives to access shelter.** Generally, policies and practices are created with good intentions. However, if shelter is positioned as the gateway to additional resources, it creates an incentive for people to leave their housing, become homeless, and access shelter so they can meet eligibility criteria. If people can get their housing needs met without a shelter stay, they should be supported to do so. To support these efforts, qualifying for non-shelter resources (those not directly related to shelter, like specialized support or subsidies) should never **require** a shelter stay.
- **Engage other systems in homelessness prevention.** Community partners need to share accountability for preventing homelessness when serving people with housing issues in their programs. They need to strengthen their role in housing stability by recognizing when people are at-risk of housing loss and supporting them to stay housed. For example, community partners can do their part by:
 - **Supporting Diversion Plans related to shelter:** If the people they are supporting are at imminent risk of losing their housing, intensify the support. Prioritize them for any resources they qualify for that can help them to meet their immediate housing needs (e.g., disability-specific support or subsidies).
 - **Supporting Housing Plans:** When people need to move, support housing searches and help them to access new housing without an experience of homelessness. Connect people with appropriate community resources like the Region's on-line Renter's Toolkit. Refer them to Housing Resource Centres if they need more support.
 - **Not discharging to homelessness:** If people are transitioning out of residential care or an institutional stay, do not discharge them to the ES Program. Instead,

support their housing plans and confirm they have enough support to stay housed before discharge.

- **Supporting Service Resolution Plans:** If people have more complex housing issues, engage in problem-solving to explore options and prioritize them for additional resources so they can avoid experiencing homelessness.

PART B: BRING TOGETHER QUALITY SHELTER SERVICES

When preventing a shelter stay is no longer possible, people need access to quality shelter services. This is the focus of the three policy categories and ten policy statements in part “B”, as described below.

Policy Category #2: Be housing-focused.

The five policy statements in this category strengthen a Housing First approach in shelter. Participants work on their Housing Plan as the first step, not things like employment, mental health, or quality of life more generally. Stays align with Housing Plans, which are individualized. Housing Plans identify next steps and appropriate referrals related to finding housing. If participants need more support to move forward, ES Program staff engages with them to problem-solve and connect them with additional resources.

- **Reinforce the purpose of shelter as a process to find housing.** The ES Program offers services that help people find housing as quickly as possible. Participants receive consistent messages about this purpose. They understand that while shelter is not housing, it is a safe place where they can stay while they work to find housing. Likewise, ES Program providers understand the limits of their role. They work to support Housing Plans, not end people’s poverty or meet longer term support needs.
- **Tailor length of stay and services to strengths, depth of need, and barriers related to housing.** Length of stay guidelines are not “one size fits all” where participants can stay only up to a certain number of nights before they are discharged. Instead, length of stay is guided by an individualized Housing Plan or extreme weather event. Participants are supported to follow through with their Housing Plan to the best of their ability. For many shelter participants, securing housing quickly is possible and stays are very short. For others, the process of regaining enough stability to find housing may include a period of engagement with more frequent and longer shelter stays.
- **Expect and support active engagement in the housing search process.** Because shelter is a place where people can stay while they work to find housing, participants can stay as long as they are actively engaged in their Housing Plan. They can’t stay long term, even if there isn’t enough affordable housing, there are waiting lists for support programs, or they will have less disposable income after being housed compared to staying in shelter¹². Being actively engaged in the housing search process means that all

sustainable¹³ housing options must be considered. For some people¹⁴, these options may not be ideal given their current income and the current cost of housing (that meets their needs and preferences). Compromises may need to be made. In these situations, moves from shelter may need to be framed in the context of a longer term housing journey. People can be encouraged to explore different housing in the future, should their options change.

- **Connect to other community resources.** A key activity for ES Program staff is identifying the community resources that can help participants to move forward with the next steps in their Housing Plan. This includes making appropriate referrals and also following up with them through daily intentional housing conversations and in Housing Plan Reviews. Common referrals include Housing Resource Centres, Street Outreach, the Community Housing Access Centre, and social assistance offices (Ontario Works and Ontario Disability Support Program). In some situations, participants are referred to another shelter as part of their Housing Plan (e.g., to access a different housing market, to be closer to other services or social support, or for a change in environment if the current shelter environment is making it hard to focus on housing goals).
- **If there is limited progress with a Housing Plan, explore need for more housing support.** ES Program staff deepens their engagement with participants only when current strengths, depth of need, and barriers related to housing suggest that more housing support may be necessary. This work includes problem-solving and assessment. The goal is to identify the appropriate resources that can help participants with more complex housing issues to move forward with their Housing Plan.

Policy Category #3: Be accessible, safe, and strengths-based.

There are three policy statements in this category, each supporting quality service in the ES Program. While people may not be able to access shelter because of service restrictions, they won't be turned away because of capacity. Also, while supporting the housing process, ES Program staff focus on reducing harms, keeping shelter safe for everyone, and fostering resilience and ability despite any challenges or barriers participants may be facing.

- **Never turn people away because the shelter system is “full”.** The ES Program, as a whole, has the ability to flex its capacity by referring between providers and overflowing into motels when needed. This means that people will always be offered a shelter space in the region if they can't be diverted. However, to meet the overall demand for shelter in the community, participants may not be able to sleep in the same space night-to-night during their stay. They may be asked to sleep in a different part of the shelter, at an off-site location (e.g., motel), or referred to a different shelter.
- **Practice harm reduction and prioritize safety.** Because the ES Program is for people who have no other place to stay that is safe and appropriate, it is highly accessible.

Participants are not expected to change who they are or their lifestyle choices, to get what they need to stay safe during the housing process. Regardless of engagement in higher risk activities, people are welcomed, supported to make safer choices, and helped to find the housing that best meets their needs and preferences – all without judgement. At the same time, keeping shelter safe for everyone is a priority. Expectations about safety are communicated consistently to participants, staff, volunteers, and visitors. If participants are unable to maintain a safe shelter stay on-site and/or they are service restricted, they may be offered another option (e.g., another shelter, motel or Bunkie).

- **Coach participants through the next steps in their Housing Plan.** ES Program staff focuses on what participants can do on their own to find housing, rather than doing the work for them. They use a coaching style of support and reinforce a culture of learning where people are encouraged to try new things, adapt with new information, and build greater skill along the way.

Policy Category #4: Balance shelter demand with limited shelter resources.

The final policy category under quality shelter services has two policy statements. Both support strategic use of ES Program investments to meet shelter demand, but not at the expense of longer term housing solutions.

- **Maximize use of existing shelter resources.** ES Program providers work to use every on-site space within the shelter system **before** referring participants to motels at additional cost to the Region. When participants are offered a space that is not their preferred option, ES Program staff explains the reasoning for the decision. Participants may choose to accept the shelter option that is offered to them or look for another option outside the shelter system.
- **Invest in the ES Program as part of an overall strategy to prevent and end homelessness.** Local investments in housing stability need to align with the 10 Year Plan and its goals to prevent and end homelessness. Reaching these goals requires additional investments in affordable housing, and in programs that help people to find and keep their housing. The Region's priority with respect to funding the ES Program is to build on existing investments with current providers and reduce the need for shelters over time, not build new shelters.

PART C: COMMUNITY RESOLVES COMPLEX HOUSING ISSUES

The focus in part "C" is on working together to resolve complex housing issues. While much has been accomplished over the years, there is more work to do to meet unmet housing stability needs in Waterloo Region. Similar to part "A", this work extends beyond the ES Program. The ES Program is not responsible for the problems that are created when people live without permanent housing. Likewise, on its own, the ES Program is not able to address all of the challenges that get in the way of people finding housing. Other housing stability programs and community systems have a role to play.

Policy Category #5: Collaborate to address unmet housing stability needs.

At times, options for participants in shelter will become exhausted. They may require more or different resources than the ES Program has the capacity or mandate to offer. Meeting these unmet needs requires working with other partners to engage in service resolution and prioritize access to resources. The final two policy statements focus on these activities.

- **Engage in service resolution when all shelter options have been exhausted.** Sometimes participants need more intensive support to remain in shelter or move forward with their Housing Plan. For example, they may have no immediate shelter options available to them because of service restrictions or complex health issues that cannot be met in shelter. Or they may have long shelter stays because they are waiting for a housing and/or support option that doesn't exist or is very specialized with few vacancies.

Collaborative problem-solving and referrals to other partners are required in these types of situations. Processes may be guided by a Critical Safety Plan where there is perceived heightened risk. Or a Service Resolution Plan can help coordinate next steps.

- **When coordinating access to resources that can end homelessness, prioritize participants who need it the most.** Housing subsidies and support programs often have waiting lists. For example, there are currently more people who qualify for subsidies and support coordinated through the Region than there are spaces available to serve them. This can make it more difficult for participants in shelter to move forward with a Housing Plan. The ES Program operates in the context of these challenges, which are intensified for participants with very few housing options (e.g., people with specific housing needs and preferences, and very low income). Wherever possible, people experiencing homelessness with complex housing issues should be **prioritized** for resources coordinated through community systems that have mandates to serve them.

As described throughout this section, emergency shelter service in Waterloo Region has evolved over the years. The ES Framework represents another significant milestone in this process. **Appendix E** provides an overview of some of the changes that can be expected with full implementation of the ES Framework. For example, there will be more consistent housing-focused policies and practices across ES Program providers. There will also be improved practices when serving people who need more or different support through coordinated access, enhanced referral protocols, and stronger connections to other systems. Specific implementation activities to support this service delivery shift are discussed in more detail in section 5.

SECTION 3: PROGRESSIVE ENGAGEMENT IN THE HOUSING STABILITY SYSTEM

As identified in section 2, the goals of the local 10 Year Plan include both preventing and ending homelessness, as well as increasing affordable housing. This section provides context for how the ES Program fits within a system designed to achieve these overarching goals, using a progressive engagement approach. See **Figure 1** for an illustration of the model (as part of section 3.3 below), **Appendix F** for an overview chart, and **Appendix G** for a detailed flow chart. For more detail related to the ES Program, see section 4.

Note: System evolution activities are ongoing. Information in this section is current as of March 2017 and is subject to change with new learning.

3.1 What is Progressive Engagement?

Progressive engagement is a service delivery approach where more extensive services (like a shelter stay) are offered only after attempts to resolve an issue with more limited services (like diversion) have been unsuccessful. Progressive engagement is not about saying “no” to offering more service. Rather, it is about starting with a more limited level of service and offering more service over time, based on demonstrated need.

In longer term programs, services may also lessen over time (again, based on need). At this point, people may be encouraged to move-on from the program, which ensures that limited housing stability resources remain available to people who truly need them to stay housed.

The goal of progressive engagement is to offer just enough of the right kind of service, no more and no less. In doing so, risks of either over-serving or under-serving people are reduced. As further described below, three key indicators are used to inform this process: strengths, depth of need, and barriers related housing.

3.2 Why Use Progressive Engagement?

Adopting a progressive engagement approach offers three main benefits, as outlined below.

1. **Equity-based, not “one size fits all”.** People with housing issues are not all the same. Within this group, there is a broad range of strengths, depth of need, and barriers related to finding and keeping housing. As a result, people require access to different kinds of resources to resolve their housing issues. For example, while some people may need a relatively small amount of support over a short period of time (less engagement) to prevent homelessness, others may need a more intensive and longer term intervention (more engagement) to achieve the same outcome. The progressive engagement model at the level of the system helps to match people with appropriate resources. For example, some resources in the housing stability system are for people

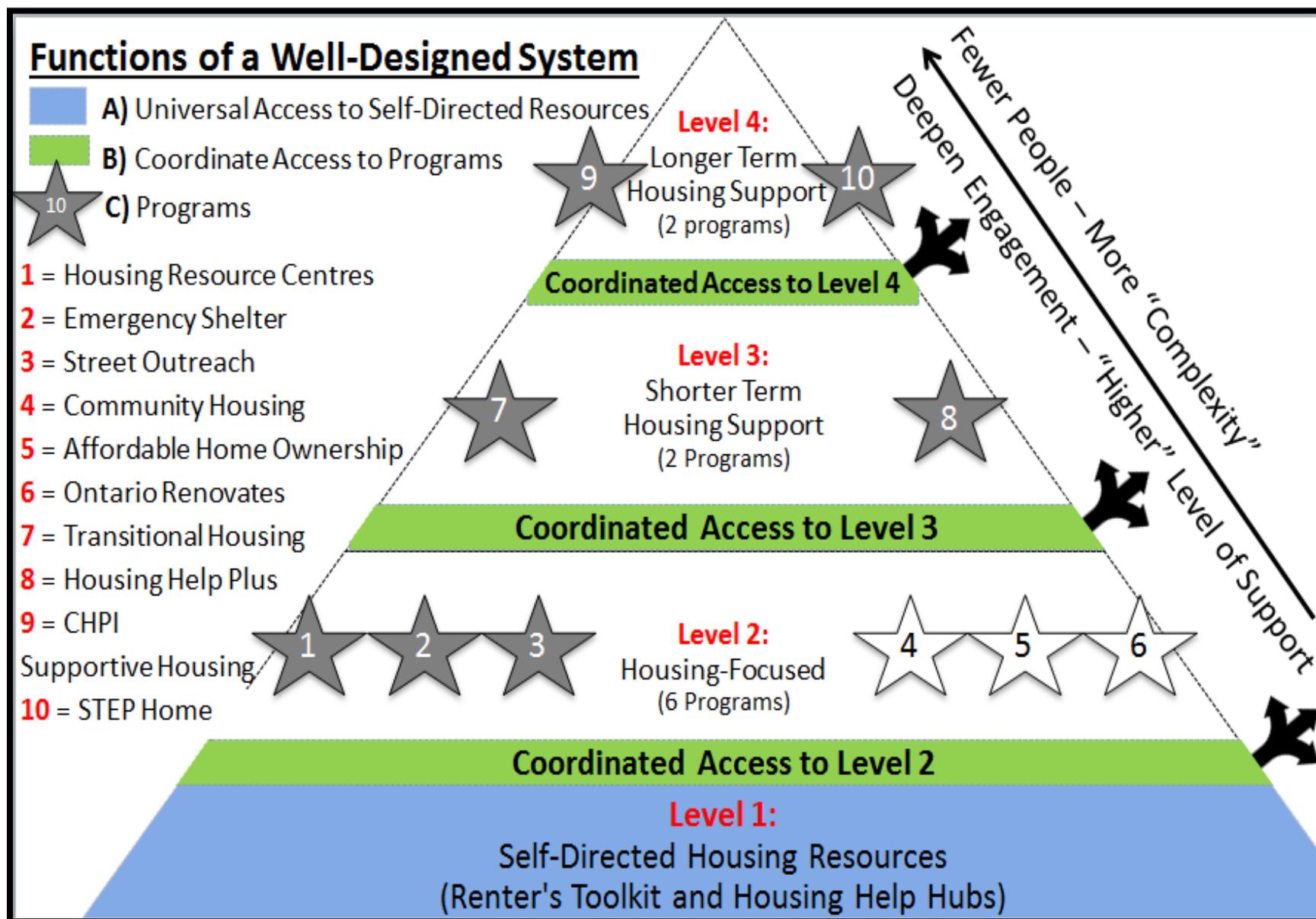
who can self-direct their housing search (Level 1 Renter’s Toolkit and Housing Help Hubs). Others are meant for people who have a greater depth of need, such as offering longer term support to stay housed (Level 4 Supportive Housing Programs).

2. **Strengths-based.** Progressive engagement is based on the belief that **most** people with housing issues have the ability to either self-resolve them or at least actively participate in the process. The model creates an environment where people are supported to demonstrate or leverage their strengths and abilities before more extensive service is offered. It also nurtures a culture where people are encouraged to try new things and learn from the process. For example, during diversion conversations, people are invited to explore other resources and problem-solve as a first step. Then, if shelter is needed, first-time participants are given time to try and self-resolve their homelessness before they are offered increasing amounts of support to find housing.
3. **Consistent service.** Progressive engagement supports greater consistency in service by streamlining access to resources using common assessment, and by aligning levels of support offered within programs through standardized staff roles and service plans. As described more fully in section 3.4 below, a common assessment tool informs the process of matching people with the most appropriate type of housing intervention for their needs at key points in the system. Also, while providers may vary in some ways (e.g., serve different household types – youth, single adults and/or families), their work to help people find and keep their housing remains consistent because it is led by staff that play a defined role in the system, guided by standardized service plans that focus on key service objectives.

3.3 Overview of the Model

This section provides a detailed overview of the progressive engagement model under development in Waterloo Region. **Figure 1, Appendix F and Appendix G** offer additional information in various formats. After a general description, the three system functions (see section 3.3.1) and four levels of engagement (see section 3.3.2) are described. When the progressive engagement model is fully implemented, there will be two main ways that people can access housing resources. One option is universal access to self-directed housing resources through an on-line Renter’s Toolkit and Housing Help Hubs. These resources will be widely available with no eligibility requirements. In the second option, people may qualify for one or more housing stability programs. Access to these programs will be fully coordinated across the system, informed by common assessment and individualized service plans (see **Appendix H** for a description of the seven types of housing support plans).

Figure 1. The Progressive Engagement Pyramid



All services **begin** with diversion and referrals, where possible (see **Figure 1** arrows indicating redirection at each level of coordinated access). With intentional diversion services across the housing stability system, people don't need to stay in shelter or join a waiting list for service if a more appropriate option is available that can meet their housing needs. People who are referred to a specific type of resource may or may not choose to access it. If they choose not to follow through with a referral, and do not return for further services, they will have essentially exited the housing stability system. There are many reasons why people may choose not to engage further. For example, they may access other community or informal/natural supports instead, or resolve their housing situation on their own with no need for further assistance.

Safety screening plays an important role during this process. If a safety concern is raised, additional protocols are followed to ensure that the person or family is immediately connected with appropriate crisis or "first responder" community resources (e.g., 911, Women's Crisis Services of Waterloo Region, suicide prevention).

The ultimate goal for all service pathways is to **end** with long term housing stability. The work is to connect people with available housing and other community resources that address their housing issue as quickly as possible, while balancing current capacity and demand with individual needs and preferences along the way. After people exit the housing stability system, they may re-engage at any time. They will be supported to access available services that align with their strengths, depth of need, and barriers related to housing that are relevant at that time. When people return for services, they are supported to explore what happened last time they were served, learning about their housing situation since then, and what can be done differently to provide a better service experience and/or better outcomes this time around.

3.3.1 Levels of Engagement

In the current model under development, there are four levels of engagement:

1. Self-Directed Housing Resources
2. Housing-Focused Programs
3. Shorter-Term Housing Support Programs
4. Longer-Term Housing Support Programs

Programs that fall within each level of engagement share some features and differ on others. As described more fully in **Appendix F**, to determine where programs fit in the system, three primary factors are considered:

- How people access the program;
- If housing support is offered and the focus of that support; and
- Where or how programs are delivered.

People with service pathways at “less engagement” levels may access any or all of the resources in Levels 1 or 2 as identified in **Figure 1** and **Appendix G**. Any support at these lower levels of engagement is generally provided on-site or over the phone with no accompaniment or follow-out into the community. Where indicators suggest more that people may need more or a different kind of support, engagement **deepens** (“more engagement”). Here the focus shifts to understanding what might be making it hard for the person or family to resolve their housing issue. Following assessment, qualified applicants are matched with appropriate housing support and/or subsidies. For example, people with a moderate depth of need may need shorter term housing support to help them find and keep their housing (Level 3). Alternatively, people with a high depth of need may need the “most” or highest engagement possible – longer term housing support (Level 4) – to achieve the same housing outcomes.

3.3.2 System Functions

Promising practices suggest that well-designed systems have three primary functions or ways of delivering service:

- **Provide universal access to self-directed housing resources.** Locally, self-directed housing resources (e.g., information about community resources that can help with finding and keeping housing) are offered through the Region’s Renter’s Toolkit. The Renter’s Toolkit is available on-line (see: regionofwaterloo.ca/RentersToolkit) and will be featured at Housing Help Hubs co-located with fixed-site programs, once the model is fully implemented. Level 1: Self-Directed Resources through the Renter’s Toolkit or Hubs is one point of access to the housing stability system.
- **Coordinate access to housing stability programs.** Coordinated access includes support related to system navigation and referrals to appropriate services in the community. Where people must apply for housing resources and/or waiting lists are in effect, coordinated access may also include support related to applications, administering waiting lists, prioritization/matching, and/or offers. Currently, both centralized and decentralized models are used across the housing stability system. Level 2: Housing-Focused Programs is the second possible point of referral to the housing stability system. From there, referrals to other housing stability programs may be made either within Level 2 or through Prioritized Access to Housing Stability (PATHS) for Level 3 or Level 4 programs.
- **Provide housing stability programs.** The local housing stability system includes ten programs, each fulfilling a specific role within one of four levels of engagement. Programs offer one or more of the following types of housing resources:
 - i) Housing (or temporary shelter);
 - ii) Subsidies specific to housing affordability; and/or
 - iii) Support (housing-focused or Housing Support Coordination).

Wherever possible, participants that qualify for a program are supported to choose which service provider(s) they wish to accept service from based on a list of options. Choice is particularly important when it comes to moving into permanent housing. To be positioned to offer choice in this way, the housing stability system needs diversity in the mix of housing and support options that are available.

Note that, as described in section 4, **the ES Program is a Level 2 housing stability program.**

3.4 Being Data-Informed through HIFIS and SPDAT

An integrated data management system and common assessment tools are essential for system-level progressive engagement to work well. The Homeless Individuals and Families Information System (or HIFIS 4) is the integrated database currently being implemented in the housing stability system in Waterloo Region. HIFIS 4 will address the need for consistent, timely, and effective communication related to referrals, intake and discharge messaging, and support coordination from system entry to exit for participants. For example, participants will not need to answer questions more than once and relevant information gathered from earlier points in their service pathway will be used to support the development and implementation of plans that follow. This will strengthen mutually-reinforcing practice. HIFIS 4 will also meet the need for shared measurement (data collection and reporting), a critical component of collective impact related to strengthening a learning culture (e.g., monitoring progress across the system to promote service excellence).

Locally, the Service Prioritization and Decision Assistance Tool or SPDAT¹⁵ is the common assessment tool used to inform progressive engagement. People are supported to complete either the Vulnerability Index-SPDAT pre-screen or the Full SPDAT assessment when it seems like more support may be needed to prevent or end their homelessness. Each SPDAT tool (pre-screen or full assessment) has a version specific to youth, single adults, and families.¹⁶ Results for the VI-SPDAT pre-screen can be used as a guide to completing the Full SPDAT assessment. These tools support an evidence-informed approach to assessing strengths and vulnerabilities in five specific areas of life that impact housing stability. These are outlined in the tools as:

- **History of Homelessness and Housing;**
- **Wellness:** Abuse or trauma; mental health and wellness; substance use, physical health and wellness; cognitive functioning; medication;
- **Risks:** Harm, interaction with emergency services; managing tenancy; high risk and exploitative situations; legal;
- **Socialization and Daily Functions:** Meaningful daily activities; administration and money management; social relations and networks; self-care and daily living skills; and
- **Family Dynamics** (if applicable).¹⁷

Results for the VI-SPDAT pre-screen or Full SPDAT assessment inform next steps in several housing support plans, as described in **Appendix H**. These results may or may not change the type of service or level of engagement offered. See **Appendix I** for more detail about the current approach for using SPDAT to inform progressive engagement in the local housing stability system.

SECTION 4: ES PROGRAM OVERVIEW

This section begins with the definition of the ES Program, followed by its purpose and the scope of activities that align with a set of four service objectives. The section then provides more detail about how the ES Program works to prevent and end homelessness, organized by ten core elements.

4.1 Definition

The ES Program provides a safe, temporary place where people can stay while they work to find housing. It offers immediate access when people have no other safe and appropriate place to stay. Participants receive services to meet basic needs and help them move forward with the next steps in their individualized Housing Plan. Stays are tailored to a Housing Plan or extreme weather event.

4.2 Purpose and Scope of Activities

The purpose of the ES Program is to support the process of finding housing. In this role, the ES Program works to meet four service objectives:

1. Offer immediate access to people with no other safe and appropriate options.
2. Provide temporary stays.
3. Meet basic needs.
4. Support the next steps in a Housing Plan.

Table 2 on the next page describes the scope of activities for each of these service objectives.

Table 2. Four Service Objectives with Scope of Activities

| Service Objectives | Scope of Activities |
|--|--|
| <p>1. Offer immediate access to people with no other safe and appropriate options</p> | <ul style="list-style-type: none"> • Individuals and families admitted to the ES Program will have exhausted their options for other safe and appropriate places to stay through shelter diversion (i.e., Diversion Plan not possible). • Refer to appropriate shelter option for immediate intake. • If there is a system-wide service restriction in effect, consider a Service Resolution Plan; collaborate with community partners. • If there is perceived heightened risk, support a Critical Safety Plan; explore all options to increase access where possible. |
| <p>2. Provide temporary shelter stays</p> | <ul style="list-style-type: none"> • Stays are always time-limited – participants can stay while they are actively engaged in the next steps in their Housing Plan as much as their current personal ability allows. • Use consistent messaging about purpose and limits of shelter. • Discharge from the shelter system where participants no longer qualify for a continued stay. |
| <p>3. Meet basic needs</p> | <ul style="list-style-type: none"> • Basic needs include feeling safe, a place to sleep, food, and personal need items (e.g., toiletries, used clothing). • Refer to community resources to meet other needs. • Some participants will need more engagement in shelter to maintain a safe stay; practice harm reduction. |
| <p>4. Support the next steps in a Housing Plan</p> | <ul style="list-style-type: none"> • Offer on-site Housing Help Hub resources to support a self-directed housing search. • Support participants to develop and implement a Housing Plan. Coach the process: help to identify strengths, need for referrals, and next steps; follow-up on next steps through daily intentional housing conversations and Housing Plan Reviews. • Support to complete Community Housing applications. • Support varies in intensity during a stay (e.g., depending on the housing issue and resources available). This results in more or less hours and contacts at different times. • If participants qualify for more housing support, refer to PATHS. Continue to support the next steps in their Housing Plan. • If participants have more complex housing issues, consider a Service Resolution Plan; collaborate with community partners. |

For a step-by-step summary of shelter service, see **Appendix J**. For key messages related to information referenced throughout section 4, see **Appendix K**.

4.3 Core Elements of the ES Program

The ES Program has ten core elements that build on the definition, purpose, and scope of activities identified above by explaining how the ES Program works to prevent and end homelessness. They are:

1. **Unified Shelter Service:** Seamless and consistent service delivery.
2. **Access:** Coordinated access with intake following shelter diversion.
3. **Referrals:** Connections to other shelter options, programs, and systems.
4. **Shelter Stay Types:** Individualized services by type of shelter stay.
5. **Housing Search Support and Housing Help Hubs:** Support for Housing Plans.
6. **Stay-Related Services:** Quality services during a stay.
7. **Shelter Site Features:** Quality in location, layout, and on-site amenities.
8. **Integrated Database:** Use of HIFIS for daily operations, data collection, and reporting.
9. **Service Excellence:** Quality assurance through ES Standards.
10. **Investments:** Funding and backbone support through the Region.

4.3.1 Unified Shelter Service

The ES Program operates in the context of a housing stability system that has many moving parts. As described in section 3, the local housing stability system has a set of ten housing stability programs. Several programs – including the ES Program – are offered through more than one service provider. There are benefits to this diversity of providers, including having more options (e.g., greater flexibility and choice for participants). But it is also challenging to implement a consistent region-wide program in this context (e.g., different agency cultures and competing priorities).

It is expected that ES Program providers will work together to offer a seamless service experience for participants. Consistent service delivery can be accomplished, in part, by offering services that align with the ES Program policy direction outlined in section 2.5. That is, the ES Program should be accessible and safe for people who could not be diverted; provide support that is housing-focused and strengths-based; and work in collaboration with the broader community to address unmet needs. Sharing common practices also strengthens consistent service delivery. Across the system, this is reinforced through seven common housing support plans as described in **Appendix H**. Within the ES Program specifically, a unified approach to service delivery will be strengthened through the use of common intake, within-stay, and discharge materials. This shift in the ES Program is supported through the step-by-step summary referenced earlier (**Appendix J**).

Although ES Program provider policies and practices need to align with the broader ES Framework, the specifics about how ES Program staff engage in their work should be

individualized. For example, daily intentional housing conversations shouldn't look the same for everyone. They should reflect what participants need and want based on their personal experiences with housing, and where they are at with their Housing Plan. They should also reflect the individual working styles of different ES Program staff, and build on their personal capacities and professional skill.

4.3.2 Access

This section explains who can qualify for shelter, how people access shelter and when access may be denied. It is organized into five parts:

- A) Who can qualify;**
- B) Diversion;**
- C) Coordinated access;**
- D) Intake (regular or planned); and**
- E) Discharge (voluntary, planned or service Restriction).**

Each part is described below.

A) Who can qualify: The purpose of the ES Program is to support the process of finding housing. The ES Program can serve unaccompanied children between the ages of 12 and 15 years, unaccompanied youth between the ages of 16 and 24 years, single adults, and families. Services and spaces are welcoming. People are not denied access based on their cultural, political, or religious beliefs or practices; marital status; race or ethno-cultural background; or sexual orientation. ES Program providers will offer appropriate referrals based on age, household composition, and self-identified gender identity. All sites serve people who identify as transgender and all accommodate service animals (as defined through the *Accessibility for Ontarians with Disabilities Act, 2005*).

People may qualify for a shelter stay if they:

- Have no other safe and appropriate place to stay while they work to secure housing;
- Can manage activities of daily living independently (e.g. rising, bathing, grooming, feeding, retiring) and administer their own medication independently (if applicable) or have pre-arranged support to meet these needs during their stay¹⁸; and
- Meet all of the conditions outlined in a planned intake (if applicable).

Residency requirements for local housing stability programs are under development and being piloted. When completed, this policy will clarify access to shelter when people are new to Waterloo Region. The intention for this policy is to support access to shelter while also reinforcing new expectations that people should not move to Waterloo Region with the plan to stay in shelter as their first settling point in the community. Instead, they should

plan to stay with friends or family, or find housing before their arrival. Housing stability program eligibility exemption requests are also being piloted which will complement the new residency requirements approach.

Implementation activities will further clarify access to shelter including guidelines for processing intakes 24/7, ES Program staff daytime activities (e.g., diversion, housing search support, Housing Plan Reviews, SPDATs), and coordinating when there is a drop-in on-site. Through consultations, it was identified that special daytime access or accommodations should be made for people who are ill, work overnight shifts, and families with young children.

B) Diversion: Shelter diversion forms part of pre-intake activities for everyone except when:

- Shelter engagement has been identified as part of a Critical Safety Plan; and/or
- There is extreme weather (as determined through the Region's "Extreme Heat and Cold Weather Procedures: Emergency Shelters and Street Outreach Programs"). At these times, services and stays should be more flexible where possible (e.g., diversion conversations may be postponed, Short Term Contracts may be used to increase immediate access if a planned intake would require more time to complete).

C) Coordinated access: In Waterloo Region, people access the ES Program through both centralized and decentralized coordinated access models. In both models, workers share the same approach to shelter diversion (see above) and intake (see below). How people are supported varies by household type and time/day of the week.

Centralized Coordinated Access – For Families During Business Hours: When families are within a week of needing access to housing (i.e., imminent need), referrals are directed to a Housing Resource Centre for family-specific services through Families to Homes. These can come from the families themselves or a service provider who is making a referral on their behalf. A worker will help the family with a Diversion Plan. Together, they work to prevent eviction and/or explore the family's options for safe and appropriate options (even a temporary place to stay while the family continues to look for housing). If a shelter stay is required, the worker fully coordinates the referral on behalf of the family. They contact the appropriate ES Program provider and do part of the intake process (e.g., complete some of the intake questions, develop a Housing Plan). Note: If families are **not** within a week of needing housing, a worker (not dedicated to families) will help them with either a Prevention Plan (if they can retain their tenancy) or a Housing Plan (if they need to move). If a family is more street-involved, Street Outreach workers can also help them with these plans.

Decentralized Coordinated Access – For Individuals 24/7 and Families Outside Business

Hours: When individuals are within a few days of needing access to housing (i.e., imminent need), they can contact a Street Outreach provider, a Housing Resource Centre, or any ES Program provider for support with a Diversion Plan. All workers should use the same approach. If a shelter stay is required, there are two ways this can happen. If the individual was first supported through Street Outreach or a Housing Resource Centre, they are referred to an appropriate shelter provider who completes the intake process. If the individual was first supported by an ES Program provider, they are admitted at that site or referred to a more appropriate shelter option. Note: Families admitted to shelter outside business hours are connected with a Housing Resource Centre on the next business day to explore next steps, including eligibility for a continued shelter stay.

D) Intake (regular or planned): There are two main intake types. The most common type is a regular intake. This means the person or family has no conditions attached to a stay that need to be discussed first – they can be admitted right away.

The other type of intake is a planned intake. A planned intake means that a meeting is required before an individual or family can be admitted because of an active service restriction or need for a conditional intake based on a previous stay. This meeting takes place with the restricted individual or family and ES Program staff (typically management or designated staff). Given that people being referred for intake are in immediate need of shelter, the response time between the referral and the planned intake must be short. This will be further defined through implementation activities.

During the planned intake meeting, the ES Program provider explains the conditions that must be met in order to be granted access to services and/or qualify for a continued stay. Conditions related to planned intakes must be specific actions related to the reasons why the individual or family was asked to leave the previous stay through a service restriction or planned discharge. For example, people may need to agree not to repeat certain unsafe behaviours, they may need to agree to move forward with the next step in their Housing Plan within a certain timeframe, or they may need to repay costs for damages. Planned intakes should also include discussions about what the ES Program provider will do to accommodate specific sheltering needs during the next stay. When the individual or family and ES Program provider reach an agreement about the conditions, shelter admission follows. If there are conditions attached to a continued stay, the individual or family is admitted under a Short Term Contract stay (see section 4.3.4 for more information). Implementation activities will further clarify the conditions that are appropriate for planned intakes, guidelines for supporting them including maximum turnaround times

between the request for an intake and the planned intake meeting, who should attend the meeting, and how long the need for a planned intake can be in effect.

Once an individual or family has been offered a stay, there are three main steps:

1. Welcome the person or family and complete an intake.
2. Meet immediate basic needs.
3. Tailor services to type of shelter stay.

Intakes in the ES Program will be guided by common intake packages tailored to youth, single adults, and families. These packages will outline key messages that cover things like:

- The purpose of shelter;
- Keeping the shelter safer for everyone;
- Housing Plans and daily intentional housing conversations;
- Checking-in about the need for more support; and
- Leaving shelter.

Appendix K includes intake key messages.

E) Discharge (voluntary, planned or service restriction): There are three main types of discharges¹⁹. The most common type of discharge is voluntary and it can happen at any time. A voluntary discharge means that participants decide to leave the ES Program on their own. There are a number of reasons why people leave the program. For example, they may leave shelter to move into permanent housing, they may find other temporary accommodation, or they may go into hospital.

The second type of discharge is when participants are asked to leave the ES Program because they no longer qualify for a continued stay. This can happen for different reasons, depending on type of shelter stay (see section 4.3.4). Informing people why they might be asked to leave forms part of the intake process and is reinforced at specific milestones during a stay (e.g., during Housing Plan Reviews). The most common reason why participants may no longer qualify for a continued stay is because they are not moving forward with the next steps in their individualized Housing Plan. This includes refusing sustainable housing options in the private market or support offers that can help them find housing. Given the limits of shelter, it is not possible for participants to stay long term. Stays are always temporary and next steps along a longer term housing journey sometimes reflect compromises participants may have to make.

Another reason why participants may be asked to leave is because they were admitted to shelter with specific conditions attached to their stay, and these conditions were not met.

Under these circumstances, people are given information at intake that explains why they have been given a conditional stay and what this means for them in terms of next steps.

Regardless of the reason for the planned discharge, information is shared with participants in advance of the discharge date in the form of a “discharge notice”, followed by a formal discharge letter. A common discharge notice is being piloted. It includes the following kinds of information:

- Summary of the Waterloo Region shelter services used over the last 12 months to support their Housing Plan;
- Summary of any sustainable housing options and/or support offers they refused;
- Required next steps in their Housing Plan, with timelines;
- A copy of their Housing Plan;
- Who else can help them with their Housing Plan and how to access this support;
- Date they must leave if they take no further action to find housing; and
- After they leave, what they need to do before they can access another shelter stay.

The discharge notice pilot includes steps related to discharging participants waiting on PATHS. In these situations, a notice is given only when shelter options have been completely exhausted (confirmed through consultation with providers of other services the participant has accessed in the last year).

The third type of discharge is when participants are asked to leave by the ES Program because they have been service restricted. A service restriction related to shelter means that participants cannot access overnight service. There are six reasons why participants may be service restricted from the ES Program:

1. Damage to the shelter;
2. Theft;
3. Weapons on-site;
4. Drug dealing on-site;
5. Harassment, bullying, threats, or violence; and
6. Substance use on-site.

Service restrictions should not be longer than 14 days and the time limit on accessing overnight shelter begins immediately. Most are much shorter than two weeks, typically one night to a week. Work is underway to understand the reasons why participants may be restricted for more than two weeks. Implementation activities will further define each service restriction category above and set a number/range of days for each.

Implementation activities will also identify how exceptional circumstances are managed (e.g., service restrictions beyond two weeks).

Before participants are service restricted, ES Program staff try to de-escalate the situation where possible. For example, participants may be asked to go for a walk for a short time and then return. If participants are service restricted, they will be referred to another ES Program provider for a continued stay, where possible. Participants with a Critical Safety Plan who are service restricted may be offered more flexible options like a motel option or Bunkie. If there are active service restrictions for all shelter sites, motels and Bunkies, it means there are no Region-funded sheltering options left for the person until at least one ES Program provider service restriction is lifted. This is called a “shelter system-wide” service restriction. Safety then becomes a priority and a Critical Safety Plan and/or Service Resolution Plan may be put into effect and/or revisited. Implementation activities will include a protocol to clarify next steps under these circumstances.

There are currently few options for meeting the immediate need for shelter during a shelter system-wide service restriction. One option that exists is emergency lodging through Waterloo Region Police Services. Emergency lodging is completely voluntary. When available, it may be offered as a last-resort option in situations where people would otherwise have no safe place to sleep at night without it. For more information about the different sheltering options that exist and how referrals between them are processed, see section 4.3.3.

Note: After any discharge, people can reconnect with a housing stability program at any time. They will be served by the appropriate provider(s) based on what they need to resolve their housing issue, with consideration for their strengths, depth of need, and barriers related to housing.

Appendix K includes discharge key messages.

4.3.3 Referrals

This section explains how people are referred to different service providers at intake or during their stay. The ES Program uses referral protocols to identify when referrals can happen and how they can be supported. The purpose of these protocols is to support more seamless service delivery by improving communication. They help people to get connected with the resources that best meet their needs and preferences, as quickly as possible. And they support problem-solving when people are not able to access what they need to move forward with their Housing Plan.

There are three kinds of referral processes, each at varying stages of development:

- A)** Between shelter options – these protocols exist currently;
- B)** To other housing stability programs – protocols are in-progress; and

C) To programs in other community systems – protocols not yet developed.

Each referral process is described below.

A) Referrals Between Shelter Options. Referrals within the ES Program and to other shelter options are guided by an existing protocol. It outlines the roles and responsibilities of the ES Program and the Region with respect to supporting referrals between ES Program providers and other sheltering options in the region. The protocol includes not only current ES Program providers (as identified in **Appendix A**) and Women’s Crisis Services of Waterloo Region, but also those typically reserved for people requiring greater flexibility as outlined in Critical Safety Plans, for example (e.g., motels, Bunkie, emergency lodging). Referral practices are illustrated in the flowchart included in **Appendix L**.

The existing protocol will be revised as part of implementation plans for the ES Framework (e.g., to include police lodging and new Families to Homes processes). When updated, it will include a daily operational guide with the following kinds of information specific to each ES Program provider:

- What time participants must indicate they plan to return at night (i.e., bed on-site is temporarily "held" until "check-in" – linens not changed);
- What time referrals are processed when on-site capacity has been reached (i.e., before motels/overflow options are reserved for the night);
- Use of ES Program Referral Form (currently being piloted);
- How referrals are sent and received;
- Expected response time after receiving referral;
- What time participants must "check-in" before their linens are changed and bed is offered to another participant;
- Curfews (note: staggered across sites if possible, to reduce the time pressures on evening referrals);
- Service expectations after curfew; and
- Allowable circumstances for "holding beds" after "check-in" (if any);

There are five main reasons why participants may be referred to a different shelter option at intake or at some point during their stay:

1. **Capacity Pressures.** At times when on-site shelter capacity has been reached and the referral will help to avoid or reduce motel overflow costs.
2. **Accessibility, Health or Safety Issues.** If participants have accessibility, health, or safety issues that need to be accommodated.
3. **Change in Circumstances.** If circumstances change such that the current shelter option is no longer appropriate and/or participants are no longer able or willing to

stay there. For example, they may reunite with family and wish to stay with them on-site at another location or they may disclose abuse and qualify for Women's Crisis Services.

4. **Next Step in their Housing Plan.** Participants may be referred to one other on-site shelter option during each intake, but only if this has been identified as an intentional next step in their Housing Plan. For example, they may seek a change in their environment or wish to find housing closer to another ES Program site in the region.
5. **Service Restrictions.** Shelter participants who are service restricted are offered another shelter option, so they know where they can go if they have no other safe and appropriate place to stay. See section 4.3.2 for information about shelter system-wide service restrictions (when people are unable to access any Region-funded shelter option in the region).

When considering referrals to other shelter options, five things are explored:

1. **Mandates to Serve:** Consider safety needs – is the person or family fleeing abuse? Also consider age, gender-identity (self-identified), household type, and level of physical ability (e.g., need for physically accessible site).
2. **Supportive Connections:** Are there specific community-based connections that need to be maintained? Where are they located? Connections can include things like other community services that help with housing stability (e.g., health services) or family and friends. Keeping children closer to their current schools is a priority. If people have regular appointments with specialized supports, this should also be taken into consideration.
3. **Employment:** If the person has a job, where is it located? Keeping people closer to work is a priority.
4. **Transportation:** Does the person or family have specific transportation needs? Can they take a bus to another shelter option or is a taxi required at higher cost to the referral?
5. **Community of Choice:** Where does the person or family want to settle? Keeping people closer to where they want to find housing is a priority. When people want to settle in another community, they may be referred to appropriate shelter options as part of their Diversion Plan (pre-intake) or Housing Plan (post-intake).

B) Referrals to Other Housing Stability Programs. As illustrated in **Appendix G**, the ES Program is well-connected to other housing stability programs. Participants may be referred to any of the following:

- **Housing Resource Centres:** Housing support from Housing Resource Centres for Diversion Plans and Housing Plans.

- **Street Outreach:** Engagement and linking support from Street Outreach for people who are street-involved.
- **Community Housing:** Participants should apply to the Community Housing waiting list during their stay, if they wish to access affordable housing in the future.
- **Transitional Housing:** Participants may qualify for Transitional Housing. These programs offer on-site support tailored to specific transitional circumstances with lengths of stay less than a year. Currently the only Region-funded option is Marillac Place, a service for young mothers.
- **PATHS:**
 - **Level 3: Shorter Term Housing Support (Rapid Re-Housing services):**
Participants with medium acuity may qualify for mobile Housing Support Coordination through Housing Help Plus. Housing Help Plus offers accompaniment and a few months of follow-out support once housed. Referrals for individuals are processed through each provider. For families, they are processed through Families to Homes.
 - **Level 4: Longer Term Housing Support (Supportive Housing services):**
Participants with high acuity may qualify for Housing Support Coordination through STEP Home or CHPI Supportive Housing. STEP Home offers mobile support, including accompaniment as well as follow-out support for at least a year once housed. CHPI Supportive Housing includes on-site Housing Support Coordination with permanent housing. Referrals for individuals are processed through the PATHS Coordinating Group. For families, they are processed through Families to Homes.

C) Referrals to Programs in Other Community Systems. Supporting the next steps in their Housing Plan requires referrals to community resources. Existing referral protocols will be enhanced to support greater consistency in referral processes between programs not funded by the Region. The purpose of these protocols is to identify how people can access resources and, if access is restricted, what other options can be considered.

4.3.4 Shelter Stay Types

The ES Program does not have a “one size fits all” approach to services and length of stay because they are linked to four different types of stays.

- A) Regular;**
- B) PATHS (stay transitions to **Housing Help Plus** or **STEP Home** if participants are receiving support, but not yet housed);**
- C) Short Term Contract; and**
- D) Critical Safety.**

Each type of stay is described in detail after **Table 3**, which provides an overview of the information. Key messages related to each type of stay are outlined in **Appendix K**.

Note: Implementation activities will further clarify the conditions that are appropriate for Short Term Contract stays, guidelines for supporting them, and how long they can be in effect.

Table 3. Types of ES Program Stays

| Type | Purpose and Scope of Activities |
|---------|---|
| Regular | <p>Purpose: Supports the next steps in a Housing Plan when:</p> <ul style="list-style-type: none"> • Depth of need is unknown (e.g., first week of first stay) OR • Depth of need is low (i.e., does not qualify for PATHS) <p>Scope of Activities:</p> <ul style="list-style-type: none"> • Access to on-site Housing Help Hub resources to support a self-directed housing search. • On-site support to develop and implement a Housing Plan – identify next steps, refer to community resources, follow-up through daily intentional housing conversations and Housing Plan Reviews. • Support to complete Community Housing applications. • If participants need more housing support, refer to PATHS. • Participants can stay while actively engaged in the next steps in their Housing Plan as much as current personal ability allows. • Participants with more complex housing issues may require problem-solving as part of the next steps in their Housing Plan; a Service Resolution Plan can help to coordinated next steps (more common for PATHS stays). |
| PATHS | <p>Purpose: Supports the next steps in a Housing Plan when:</p> <ul style="list-style-type: none"> • Depth of need is moderate or high (i.e., qualifies for PATHS) <p>Scope of Activities:</p> <ul style="list-style-type: none"> • Same activities as Regular stay except participants are on PATHS. • More flexibility (e.g., more time to engage in a housing search, more than one shelter referral as part of Housing Plan, consult with other ES Program providers and community partners before discharge to consider all options). • Stays over 30 days may require financial contribution. <p>Note: PATHS stays are not permanent housing. Participants are supported to access housing as options become available (e.g., private market, CHPI Supportive Housing, or any other appropriate and desirable housing option – supported through a self-directed search or with support from ES Program, Housing Help Plus or STEP Home). Stays will transition in HIFIS 4 to Housing Help Plus or STEP Home if participants are receiving support, but not yet housed.</p> |

Table 3. Types of ES Program stays (continued)

| Type | Purpose and Scope of Activities |
|-----------------------------------|---|
| <p>Short Term Contract</p> | <p>Purpose: Supports the next steps in their Housing Plan when:</p> <ul style="list-style-type: none"> • Participants have no other safe and appropriate place to stay, but they do not qualify for a Regular stay. • Stay has conditions attached to it and is time-limited. May transition to Regular stay once conditions are met or an eligibility exemption has been granted for a Regular stay. <p>Scope of Activities:</p> <ul style="list-style-type: none"> • Same activities as Regular stay, but more time-limited with specific conditions. • Conditions are set at intake based on a diversion conversation or the need for a planned intake. <p>Note: Being piloted. The intention is to be accessible while also reinforcing expectations related to the purpose of shelter (e.g., shelter is for people that have no other safe and appropriate options, participants must work on a Housing Plan), the limits of shelter (e.g., people must commit to keeping shelter safe), and residency requirements (e.g., people should not move to Waterloo Region with a plan to stay in shelter).</p> <p>Examples of appropriate use:</p> <ul style="list-style-type: none"> • Stay is part of Diversion Plan – can stay with friends in two days, needs a short stay until then • Stay is part of Diversion Plan – can access shelter where they came from, but needs time to arrange transportation • Stay is part of planning intake into more appropriate services – being supported to access more appropriate services like Women’s Crisis Services (fleeing abuse) or a settlement agencies (refugee claimants or no legal status in Canada) • Did not engage in housing search in previous stay – need to complete next step in their Housing Plan within a short period of time to be eligible for a continued stay (would then transition to Regular stay) • Service restricted in previous stay – need to demonstrate commitment to safe behaviours to be eligible for a continued stay (would then transition to Regular stay) |

Table 3. Types of ES Program stays (continued)

| Type | Purpose and Scope of Activities |
|-------------------------------|---|
| <p>Critical Safety</p> | <p>Purpose: Supports safe shelter stay and next steps in their Housing Plan when:</p> <ul style="list-style-type: none"> • There is a need for exceptional flexibility due to perceived heightened risk. <p>Scope of Activities:</p> <ul style="list-style-type: none"> • No diversion attempts. • Same activities as Regular stay, but informed by a Critical Safety Plan that identifies the need for shelter. • Most flexibility (e.g., only discharge after consulted with Service Resolution and/or Connectivity Tables). • Stays over 30 days may require financial contribution. • Stays may be longer and/or more frequent than average; they are considered in the context of a “longer term Housing Plan”. <p>Note: Critical Safety stays are not permanent housing. Participants are supported to access housing as options become available.</p> |

4.3.5 Housing Search Support and Housing Help Hubs

An essential part of the ES Program is housing-focused support linked to a Housing Plan. Housing search support is defined as on-site planning and problem-solving related to the next steps in their Housing Plan. It includes preparing for a housing search, searching for housing, securing housing, and preparing to move out of the shelter. Support for Housing Plans includes specific activities like identifying strengths, the need for referrals, and next steps. Progress with Housing Plans is supported by following up on next steps through daily intentional housing conversations and Housing Plan Reviews. **Appendix M** provides a guide to daily housing intentional conversations and includes examples of things ES Program staff can help participants with.

ES Program staff should be trained to deliver housing search support in the context of a shelter environment. They should be able to skillfully coach the next steps in a Housing Plan with participants, not just direct it or do it for them. This requires a focus on building knowledge, skills, and confidence so that participants learn how to work through the next steps in their Housing Plan on their own as much as their personal ability allows. Participants should gain greater awareness of the community resources that can help them to stay housed and the steps they can take to avoid a shelter stay in the future if their housing becomes unstable again. In this way, a shelter stay supports homelessness prevention efforts.

Housing Help Hubs that feature the Region's Renter's Toolkit information should be accessible to participants on-site. Hubs should include housing search resources like a computer with internet and a free telephone line for participants' use. They could also feature housing tools like vacancy listings and a bulletin board with information about housing options.

Where housing search support is being provided by more than one housing stability service provider (e.g., ES Program plus Housing Resource Centres, Housing Help Plus or STEP Home), updates to Housing Plans are coordinated such that information remains current and accessible to all direct support staff (HIFIS 4 will automate this process; see section 5 for more information).

4.3.6 Stay-Related Services

Stay-related services help participants to maintain a safe stay and meet basic needs for a place to sleep, food, and personal need items. Basic needs include safety (defined broadly to include activities like conflict mediation/de-escalation and security), as well as keeping the living environment clean (e.g., housekeeping, laundry) and well-maintained (e.g., repairing or replacing furniture, fixing damage to property).

Stay-related services are essential and help participants to take the necessary next steps in their Housing Plan. Experiencing homelessness and having to negotiate a new shared living

environment with other people who have also experienced trauma can be very stressful. Maintaining neutral to positive experiences in day-to-day routines and helping people to cope with their reality promotes the stability necessary to focus on housing-related tasks. To do this well, ES Program staff need specific training (e.g., trauma-informed care, harm reduction, stages of change, motivational interviewing).

The items listed below were discussed during the development of the ES Framework. It is not an exhaustive list. More detail about stay-related services will be included in the ES Standards.

Belongings and Storage. Participants should have access to secure storage for some belongings. The amount of belongings that can be stored will vary by ES Program provider. ES Standards will further clarify local policies and practices related to belongings and storage. For example, new guidelines will inform what people can bring with them to shelter (on-site, to their room/bed), how and where belongings are stored, access to belongings during a stay and how this is managed, and what happens to unclaimed belongings after discharge. Guidelines will also outline policies and practices related to preventing and treating bed bugs. Participants should be informed about policies and practices related to belongings and storage during intake and discharge processes.

Harm Reduction. Some participants may need more intensive shelter services to maintain a safe stay (e.g., participants with acute mental health issues or who are very active in their substance use). These needs should be accommodated while also recognizing the purpose and limits of the ES Program. If participants have specific health needs or disabilities that are making it hard to move forward with a Housing Plan, they should be connected to community systems that have mandates to serve them as part of next steps. A Service Resolution Plan can help to coordinate this work. Participants with PATHS stays must continue to receive support for their Housing Plan while they wait for a support offer. Shelter is a temporary resource that can help people get connected to resources they qualify for – it does not offer permanent housing, even if there are waiting lists for these resources.

Personal Need Items. Participants should be able to access personal need items during their stay on an as-needed basis (e.g., toiletries, used clothing, personal hygiene products). Where possible, they should be able to select their own personal care items from the options that are available.

Services for Children. Where shelters serve families, services for children can include supporting age-appropriate and safe opportunities for play (particularly during the busier summer months), helping to connect families with area schools, and following through with duties to report (e.g., school absences to Family and Children’s Services, weekly child well-being

and nutritional checks). Where shelters serve unaccompanied children over the age of 12 (e.g., Safe Haven), Family and Children’s Services is engaged in the Housing Plan.

Socio-Recreational Activities. There may be times during a stay when socio-recreational activities take place, either intentionally (e.g., organized by staff) or informally (e.g., with friends/ family staying on-site). These activities should complement the purpose of the ES Program and not take away from efforts to move forward with a Housing Plan or build connections with people and activities in the broader community.

Other stay-related services identified through consultation included the following, for consideration during the development of ES Standards:

- Accommodating different languages of service (e.g., translators) and levels of literacy (e.g., plain language reviews);
- Accommodating pets (e.g., accessing an emergency fostering program);
- Assessing for risk and making referrals to appropriate first responders (e.g., 911, crisis/suicide supports, incident reporting to the Region);
- Belongings and storage (e.g., limits on-site/in a room/on a bed, access during a stay, disposal after discharge);
- Participants’ contributions to stays (e.g., longer PATHS and Critical Safety);
- Practicing harm reduction (e.g., minimum on-site expectations, resources available to support/promote harm reduction through Region – Public Health);
- Serving children (e.g., “well-being checks”, supervised activities during summer); and
- Smoking.

4.3.7 Shelter Site Features

This section outlines the preferences and requirements for the ES Program related to where shelters are located (the property), the layout of the buildings (physical infrastructure), and on-site amenities.

There is a **preference** in the ES Program for the following:

- A geographic distribution of buildings across Waterloo Region to increase accessibility.
- Security and privacy features (e.g., staff name tags, cameras, and secured entry).
- Private or semi-private bathrooms.
- Accessibility features (e.g., minimal barriers for people with physical disabilities).
- Air-conditioned common and sleeping spaces (central system or window units).
- Energy efficiency.
- Space for participants to visit with service providers, friends, and family.
- Sheltered outdoor space.

There is a **requirement** in the ES Program for the following:

- Located near a Grand River Transit route and in close proximity to community service providers.
- Secured space to store valuables and belongings (e.g., safe or locker).
- Fans in common and sleeping spaces, where there is no air-conditioning.
- Consideration for privacy if offering congregate or semi-private bedrooms.
- Consideration for privacy and security features in shared bathrooms (e.g., locks or latches on doors, separated spaces, or shower schedule).

4.3.8 Integrated Database

All ES Program providers currently use the Homeless Individuals and Families Information System (HIFIS) to support daily operations, manage their shelter information, collect data, and access reports. More specifically, they use HIFIS 3, a database that runs on individual, agency-hosted servers (not connected to each other).

As described earlier in this section, ES Program providers are funded by the Region to deliver consistent shelter service in the local community. Fulfilling this expectation will be easier when the ES Program moves to the web-based, integrated system called HIFIS 4 (as referenced in section 3). With this change, each agency-hosted shelter database will be merged into a common, shared database for the ES Program that is hosted by the Region. Providers will access their data based on the rights they have been assigned. Rights will be standardized through specific ES Program staff roles. HIFIS 4 will be tailored by the Region to align with the ES Framework, which will make it easier to integrate new policies and practices across all shelter sites.

The transition from HIFIS 3 to HIFIS 4 will start in 2017, beginning with service providers located in Cambridge. See section 5 for more information about next steps.

4.3.9 Service Excellence

ES Standards will be developed following release of the ES Framework. When completed, the ES Standards will replace the existing ES Guidelines and complement the ES Framework by outlining expectations related to service excellence. In addition, the ES Standards will identify specific operational policies that must be developed by ES Program providers.

The goal of the ES Standards is not to make all services exactly the same but to create common expectations related to consistent, quality service across the ES Program as a whole, based on current promising practices. The review of shelter-specific guiding documents from other communities will help to inform this process. Several government agencies in Canada have

produced emergency shelter operational guides, such as the City of Toronto²⁰ and BC Housing²¹.

The ES Program Standards for Waterloo Region will be drafted with input from local service providers and other stakeholders, and submitted to Regional Council for approval. They will form the foundation for new quality assurance processes.

4.3.10 Investments

The local ES Program is funded, in part, through CHPI as administered by the Region. The ES Program also relies on a significant amount of funding through donations, fundraising, and the United Way to cover the various operational costs reflected in each ES Program provider budget.

In April 2016, the ES Program began the process of transitioning from a grant based on the previous per diem occupancy-based model to a new funding model. The new model allocates funding equitably to ES Program providers based on bed capacity. In addition, ES Program providers have access to a shared motel fund where invoices are paid by the Region (the full cost of the motel invoice, including funds for food and transportation). Most often motels are accessed during times of capacity pressures, but they may also be used when participants are not able to stay on-site for accessibility, health, or safety reasons. For more information about the ES Program funding model and processes underway to support the transition, see **Appendix N**.

Allowable expenses are related to services for participants (e.g., ES Program staff salaries and benefits), organizational or administrative expenses (e.g., management, office supplies), and regular property or annual operating expenses (e.g., building maintenance). Capital expenditures are not able to be funded, including:

- New construction and/or conversion of buildings;
- Major repairs and renovations;
- Retrofits;
- Buying land; and
- Purchasing buildings.

ES Program providers must sign a service Agreement with the Region. Currently, Agreements are issued annually based on an April 1 – March 31 fiscal year. ES Program providers must submit required materials and be in compliance with quality assurance processes to be eligible for an Agreement. Required materials for Agreements may include, but are not limited to the following:

- Program description that aligns with the ES Framework (template);
- Program budget (template);
- Public Health inspection (both residential and food safety as required);
- Municipal Fire inspection (as required);
- Insurance Certificate (e.g., Business Insurance, Vehicle Insurance as required);
- Business license;
- Any relevant provincial or municipal licensing requirements;
- Articles of incorporation (if any changes);
- A copy of the municipal zoning (if any changes);
- Copy of the mortgage lender agreement or copy of the Deed or Rental/Lease Agreement (if any changes);
- Building Condition Audits (to include roof and chimney inspection and heating and cooling system inspection – frequency to be determined); and
- Proof of the ability to cover costs associated with repairs and operations for at least 3 months.

While under Agreement with the Region, ES Program providers must submit a written request for approval of any significant changes to their program description (e.g., where changes are expected to impact service delivery to participants or community partners) or budget (e.g., more than ten percent of any budget line). Requests must include the following information: reason(s) for the changes, outline of expected impact on participants and community partners (if any), how any potential negative impacts will be mitigated (if any), and the communication plan for messaging the changes (if needed).

SECTION 5: NEXT STEPS

This section explains what's next. The first step is to communicate the release of the ES Framework. Then work begins to implement it.

5.1 Communicate Release of the ES Framework

To support the roll-out of the ES Framework, people who participated in the consultations will be informed about its release and next steps. Presentations by Region staff will be offered to groups that participated in the consultation process. In addition, a summary will be circulated widely in the community. This document and its summary will be posted on-line and submitted to the Homeless Hub, a national clearinghouse. Finally, the Region will update existing brochures and other materials for service providers so that the information aligns with the ES Framework (e.g., to explain the purpose of the ES Program and how to access service).

5.2 Implementation Plan

The ES Framework represents a significant shift in service delivery. As referenced earlier, **Appendix E** summarizes the past, current, and future state of the ES Program. It outlines some of the expected changes in the areas of funding, communication with interested parties and participants, the participant experience, outcomes, and quality assurance.

Given the extent of the change, the Region has established an implementation period to March 31, 2019. During this time, the Region will work closely with local ES Program providers to further develop ES Program core elements and engage in additional community consultation where appropriate. Potential next steps are organized under six implementation categories:

1. Pilots and time-limited projects;
2. Emergency Shelter Access Protocol;
3. ES Standards;
4. HIFIS 4;
5. Training; and
6. 10 Year Plan.

Specific activities are further outlined under each implementation category below.

1. Pilots and time-limited projects

There are several areas of the ES Framework that remain under development. Some of these are specific to the ES Program, while others have a broader impact on the system. Completing these pilots and projects will support further evolution of the ES Program.

The four program elements currently under development within the ES Program are outlined below, with next steps that will directly support implementation activities of the ES Framework.

Bunkies

- Strengthen eligibility and coordinated access processes; and
- Evaluate local need for this type of sheltering option in the region and next steps.

Short Term Contract stays

- Confirm who qualifies and by what criteria;
- Identify conditions that can be assigned to a stay; and
- Create a tool (job aide) to support consistent practice.

ES Program staff capacity

- Explore the ES Program staffing model and training required to fully implement the ES Framework – learning from the Intensive Shelter Worker project (January to June 2017) should inform this process (a project that supported participants with longer stays/greater depth of need with their Housing Plans, including connecting with PATHS, service resolution, and system navigation); and
- Address any staffing gaps.

Funding for ES Program providers and overflow

- Evaluate new funding model over 2017/17;
- Adjust capacity-based model for 2018/19 as needed; and
- Explore options to further reduce overflow costs and administrative burden (e.g., motel and taxi contracts).

There are also areas of learning that, although noted in the ES Framework, actually impact other housing stability programs in the system, too. Some examples are outlined below, with next steps. Moving forward with these policies and practices will indirectly support implementation activities of the ES Framework.

Critical Safety Plans

- Confirm who qualifies and why;
- Confirm processes for developing the plan, maintaining it, and sharing the list; and
- Create a tool (job aide) to support consistent practice.

Diversion Plans

- Finalize diversion script and key questions to ask, adapted for different needs;
- Finalize template; and
- Create a tool (job aide) to support consistent practice.

Eligibility Exemption Form

- Confirm the purpose of the form, how it is processed; and
- Create a tool (job aide) to support consistent practice.

Housing Help Hubs

- Explore where they should be hosted (on-site of Region-funded programs, other options in the community);
- Confirm mandatory and optional features for each site; and
- Determine resources required to set-up and maintain hubs across the region, and next steps to secure this investment.

Housing Plans

- Create a tool (job aide) to support consistent practice.

Residency Requirements

- Confirm the purpose of residency requirements; and
- Create a tool (job aide) to support key messages.

Service Resolution Plans

- Develop template; and
- Create a tool (job aide) to support consistent practice.

2. Emergency Shelter Access and Referral Protocol

As identified in section 4.3.3, the ES Program has an existing protocol that guides referral processes between shelter options. This protocol should be revised with current information about referral practices (e.g., common Referral Form, Bunkies, Families to Homes, and expectations related to shelter system-wide restrictions). It should also be expanded to include information related to access more generally, as outlined in section 4.3.2 (eligibility, diversion, coordinated access, intake, and discharge). To complement this work, common intake and discharge packages (with information and materials tailored to youth, single adults, and families) and consistent service restriction and planned intake operational policies should be developed.

To further streamline communication between programs and systems that intersect with the ES Program, referral protocols with the following agencies, options or systems should be developed and referenced in the new, expanded protocol with:

- Women's Crisis Services;
- options to support participants with greater depth of need related to disabilities (e.g., Here 24/7, Developmental Services of Ontario);

- options to support Service Resolution Plans and Critical Safety Plans (e.g., Connectivity Tables, Service Resolution);
- systems that discharge and/or refer to the ES Program (e.g., hospitals, Crown parole/bail officers);
- options for participants without legal status in Canada; and
- emergency shelters in other municipalities.

3. ES Standards

As discussed in section 4.3.9, ES Standards will replace the existing ES Guidelines and complement the ES Framework by outlining expectations related to service excellence. In addition, the ES Standards will identify specific operational policies that must be developed by ES Program providers. The ES Program Standards will be drafted with input from service providers, other stakeholders and submitted to Regional Council for approval. They will form the foundation for new quality assurance processes.

4. HIFIS 4

As discussed in section 3 and 4.3.8, all ES Program providers currently use HIFIS to support daily operations, manage their shelter information, collect data, and access reports. More specifically, they use HIFIS 3, a database that runs on individual, agency-hosted servers (not connected to each other).

Beginning in 2017, the ES Program will transition to a new web-based, integrated system called HIFIS 4. With this change, each agency-hosted shelter database will be merged into a common, shared database for the ES Program that is hosted by the Region. Specific next steps led by the Region to support this change include:

- Identifying mandatory and optional data collection fields, including stay types defined through HIFIS Programs;
- Standardizing access rights for defined ES Program staff roles;
- Incorporating common housing stability plans into the software;
- Integrating all coordinated access processes (e.g., how ES Program connects to PATHS);
- Developing reports to support operations and quality assurance; and
- Updating all HIFIS materials (e.g., Data Guide and data collection forms related to consent, intake and discharge).

5. Training

Through the development of the ES Framework, the need for training was identified as a priority for ES Program providers. Training opportunities will form part of implementation activities. Topics for consideration include the following:

- Housing search support and referrals (e.g., accessing common resources, working through applications, building a network of contacts in the community).
- Coaching through the next steps in their Housing Plan and recognizing indicators that more support is needed (i.e., deepening engagement when participants in shelter have greater depth of need/more barriers, adapting approach when people return for services); use of motivational interviewing and assertive engagement strategies, as appropriate.
- Supporting Housing Plans when participants qualify for more support and other specialized resources, but are waiting for offers (e.g., on PATHS).
- Assessing “personal ability” to self-direct a housing search and understanding connection to assessment of depth of need/SPDAT (e.g., identifying and building on housing strengths, identifying and mediating housing barriers, being trauma-informed).
- De-escalation (e.g., Non-Violent Crisis Intervention or other safety strategies that don’t require physical contact) and harm reduction strategies in a shelter context

6. 10 Year Plan

A core component of the 10 Year Plan is reporting on progress with preventing and ending homelessness, and increasing affordable housing. To support this process, new performance indicators and targets specific to the ES Program will be developed and implemented alongside efforts to move forward with HIFIS 4 implementation activities.

Appendix A: ES Program Overview (January 2017)

ES Program capacity is currently 245 spaces with the ability to overflow into motels (off-site shelter coordinated by ES Program providers).

| PROVIDER | POPULATION SERVED ²² | CAPACITY |
|---|--|--|
| Argus Residence for Young Men & Young Women | Youth 16-24 | 21 spaces (females = 10; males = 11) |
| Cambridge Shelter | Males & Females 16+; Families ²³ | 78 spaces (incl. 3 self-contained rooms) + motels |
| Charles Street Men's Shelter | Males 16+ | 51 spaces + motels |
| oneROOF | Youth 16-25 | 17 spaces |
| Safe Haven | Youth 12-17 | 10 spaces |
| The Working Centre (Bunkies Pilot) | Males & Females 16+ | 2 spaces (pilot offers a less conventional sheltering option) |
| YWCA Emergency Shelter | Females 16+; Families ²³ (incl. father-led) | 66 spaces (in 20 self-contained rooms) + motels |
| 7 Providers | | 245 spaces |

Highlights of ES Program shelter options:

- 99 spaces (40 percent) located in Cambridge (2 providers); 146 spaces (60 percent) located in Kitchener (5 providers)
- 3 providers offer youth-specific services (20 percent of total bed capacity or 48 spaces)
- 2 providers can serve families (female and male-led)

Other sheltering options in Waterloo Region currently include:

- Women's Crisis Services of Waterloo Region (if fleeing abuse);
- Emergency lodging through Waterloo Region Police Services (voluntary option); and
- Emergency shelter in other communities (referrals informed by next steps in a Diversion Plan or Housing Plan).

Appendix B: CHPI Roles and Responsibilities

Roles related to CHPI for the Emergency Shelter Solutions category are held at the provincial, Service Manager (Region), and ES Program provider level as summarized in the table below.

| Province | Region | Program Provider |
|--|---|--|
| Establish CHPI Program Guidelines. | Develop, implement, and update the ES Framework to align service delivery with the CHPI Guidelines. | Participate in activities related to developing, implementing, and updating the ES Framework. |
| Administer CHPI funding with Service Managers. | Administer CHPI funding with ES Program providers. Role includes system planning, service delivery, accountability/quality assurance, resource allocation, and change management. | Enter into a service Agreement with the Region, and deliver the ES Program as per the service Agreement. |
| Enter into service Agreements with 47 Service Managers. | Create, enter into, and monitor service Agreements with ES Program providers. | |
| N/A | Develop, implement, and update ES Standards, and other related policies and procedures. | Participate in activities related to developing, implementing ES Standards, and other related policies and procedures. |
| Monitor Service Managers for compliance with the service Agreement and Program Guidelines including outcomes and performance indicators. | Collect CHPI financial and program data and report to Ministry of Municipal Affairs and Housing on outcomes and performance indicators for ES Program. | Report to the Region on financial and program data for services delivered. |

Appendix C: Overview of ES Program Timeline

Timeline:

- YWCA Residence for Women: 1915 residence for women; 1970s became a shelter; 2001 began serving families with men
- House of Friendship Shelter: 1954
- Salvation Army: 1955-2003
- Argus Residence for Young People (Young Women): 1986
- Safe Haven: 1996
- Argus Residence for Young People (Young Men): 1998
- Out of the Cold: 1999-2015; for information, see the report "[Hearing the Voices: Learnings from Kitchener-Waterloo Out of the Cold](#)" (June 2011)
- Cambridge Shelter: 2005
- oneROOF (Providing a ROOF): 2010
- Transitional Shelter: winter 2014/15; for more information, see the report, "[Out of the Cold \(OTC\) Transition: Final 2014/2015 Evaluation Report](#)" (August 2015)
- Bunkies: January 2017

Notes:

- Funding through Agreements with the Region began in the early 1970s.²⁴
- See the Emergency Shelter chapter of the report, "[Understanding Homelessness and Housing Stability Experienced by Adults in Waterloo Region's Urban Areas](#)" (April, 2007) for detailed information about the evolution of shelter in Waterloo Region.
- See the "[Inventory of Housing Stability Programs in Waterloo Region](#)" (December, 2011) for more historical information about ES Program providers.

Appendix D: ES Program Evolution Highlights

Emergency Shelter Evolution Highlights 2000 to 2012

Emergency Shelter:

- Cold Weather Protocol in 2002
- First Emergency Shelter brochure 2003
- Overflow into motels for families coordinated by the Region in 2003 (few families accessed motels up to 2011)
- First implemented HIFIS in 2003 (data available beginning 2006)
- Emergency Shelter Guidelines in 2004; updated in 2007
- Emergency Shelter Referral Protocol developed (last updated in 2014)
- Motel overflow through shelters for all households in 2011

January 2013 to March 2014

Emergency Shelter:

- Increased funding flexibility through provincial policy under Community Homelessness Prevention Initiative (CHPI) January 2013
- Transition from per diem to grant funding (pilot to April 1, 2016) and from Personal Needs Allowance to Basic Needs Allowance as part of transfer of funding from under OW legislation to CHPI
- Under 18 trusteeship pilot within youth-specific emergency shelters
- Discussions about role, purpose, and contributions to stay
- Implemented shared consent form

Families:

- Transitioned funding from Families in Transition time-limited residence program to Family Shelter Diversion pilot, which began October 2013 (Lutherwood with Cambridge Shelter) – included coordinated access to emergency shelter

Other Impacts:

- Transition to CHPI included change in discretionary benefits
- Transitioned from calendar to fiscal year funding cycles
- Developed budget template for housing stability service providers funded by Region Housing Services; piloted to April 1, 2016
- Introduction and training related to the Service Prioritization and Decision Assistance Tools (SPDAT)

April 2014 to March 2015

Emergency Shelter:

- Emergency shelters shifting service delivery to align with Housing First (e.g., piloting diversion and “follow-out” support)
- OOTC Phase 1 Transition Plan: “Transitional Shelter” Nov-May, increased flexibility of intake, referral, and discharge policies

Families:

- Family Shelter Diversion pilot expanded region-wide (Lutherwood with Cambridge Shelter and YWCA Kitchener-Waterloo) with coordinated access to shelter and Community Housing Urgent Status (an additional pilot component)

Other Impacts:

- Local SPDAT pilot March to May 2014 and new SPDAT Network of local agencies to support further implementation
- Full SPDAT “Train the Trainer” training; local trainers offered first VI-SPDAT training in November 2014
- 20,000 Homes Campaign/Registry Week piloted in Waterloo Region

April 2015 to December 2016

Emergency Shelter (not including ES Framework pilot and other activities):

- Completed OOTC 2014/15 Phase 1 Transition; continue to pilot and evaluate longer-term interventions as part of Phase 2
- New funding model effective April 1, 2016
- “Bunkies” pilot as a less conventional shelter option – “soft launch” early 2017

Families:

- Completed final evaluation report on Family Shelter Diversion pilot (2013/14 and 2014/15)
- Coordinating “family service pathways” through new Families to Homes (F2H) – developing a Guide to support implementation

Other Impacts:

- Completing final evaluation report on redesigned Rent Fund (rent arrears/deposits) with expanded Housing Resource Centres
- Planning for local implementation of HIFIS 4 beginning in 2017 through new Technical & Training Working Group
- Additional SPDAT training opportunities
- Coordinated access to Level 3 and 4 support programs through PATHS

Appendix E: Past State, Current State, and Activities to Strengthen Future State

| Policy or Practice Area | Past State (Pre-CHPI) | Current State (April 2017 and Beyond) | Implementation Activity Examples to Strengthen Future State |
|--|--|---|--|
| <p align="center">Funding (Context & Model)</p> | <ul style="list-style-type: none"> • Funding linked to <i>Ontario Works Act</i> and Ontario Works Directives • Occupancy-based: per diem cost-shared 80/20 between Province and the Region | <ul style="list-style-type: none"> • Funding linked to <i>Housing Services Act</i>, Long Term Affordable Housing Strategy, and CHPI Guidelines • Local capacity-based funding model: grant funded with 100% provincial CHPI funding for beds year-round | <ul style="list-style-type: none"> • Evaluate capacity-based funding model and confirm processes • Develop consistent expectations related to funding contributions to shelters from other sources (e.g., minimum percentage funded by non-Region sources) • Explore options to further reduce motel overflow expenses and administrative burden • Develop common approach to participants' financial contribution to stays (e.g., option for longer PATHS and/or Critical Safety stays) |
| <p align="center">Communication With Interested Parties</p> | <ul style="list-style-type: none"> • No single source of information about ES Program • Inconsistent messages – myths about how ES Program works | <ul style="list-style-type: none"> • ES Framework provides common reference point for the purpose, description, and policy direction for the ES Program | <ul style="list-style-type: none"> • Complete communication plan, including sharing ES Framework broadly with summary document • Update brochures and materials about housing stability programs for service providers (e.g., to include purpose of ES Program and how to access service) |

| Policy or Practice Area | Past State (Pre-CHPI) | Current State (April 2017 and Beyond) | Implementation Activity Examples to Strengthen Future State |
|---|--|--|---|
| <p>Communication With Participants</p> | <ul style="list-style-type: none"> Materials and messaging for participants largely developed by individual ES Program providers | <ul style="list-style-type: none"> Consistent messages at inquiry; focus on diversion Common Diversion Plan and Housing Plan Consistent intake and discharge messaging practices, including common discharge notices | <ul style="list-style-type: none"> Updated shelter diversion script tailored to different referral sources Develop common intake and discharge packages with information and materials tailored for youth, single adults, and families |
| <p>Service delivery experience</p> | <ul style="list-style-type: none"> ES Program providers are connected, but service is largely uncoordinated Inconsistent approaches and levels of support Participants must tell their story more than once if they access different providers Information does not follow referrals – people “bounced between shelters” after reaching the “maximum stay” and sometimes “fell through the cracks” People felt they needed to access shelter for non-shelter services | <ul style="list-style-type: none"> ES Program fully coordinated Common assessment to inform depth of need and eligibility for more housing support Length of stay and services tailored to individualized Housing Plan Housing search support promotes access, safety, and strengths Information and Housing Plan follow referrals between providers Non-shelter services are not tied to a shelter stay for families | <ul style="list-style-type: none"> Evaluate Intensive Shelter Worker project Complete Bunkies pilot Improved practices when serving people who need more or different support (e.g., further evolution of PATHS process, referral protocols, and Service Resolution Plan template/tools) Region-funded housing stability programs fully coordinated, offering seamless service System is supported by an integrated database Pilot new housing strengths and housing barriers tools Housing Help Hubs on-site Non-shelter services not tied to a stay for all household types |

| Policy or Practice Area | Past State (Pre-CHPI) | Current State (April 2017 and Beyond) | Implementation Activity Examples to Strengthen Future State |
|--------------------------|--|---|---|
| Outcomes | <ul style="list-style-type: none"> No specific outcomes Mix of employment and housing-focused activities | <ul style="list-style-type: none"> CHPI outcomes focused on preventing and ending homelessness | <ul style="list-style-type: none"> Quality Initiatives Guide to further inform what to measure and use results to improve policies and practices related to preventing and ending homelessness |
| Quality Assurance | <ul style="list-style-type: none"> Local ES Guidelines | <ul style="list-style-type: none"> Policy direction outlining service excellence expectations CHPI performance indicators | <ul style="list-style-type: none"> Develop ES Standards Develop local performance indicators for the 10 Year Plan |

Appendix F: Overview of Levels of Engagement and Housing Stability Programs

Programs are aligned with a specific level of engagement based on a number of factors, as described below. Also see the progressive engagement flowchart in **Appendix G**.

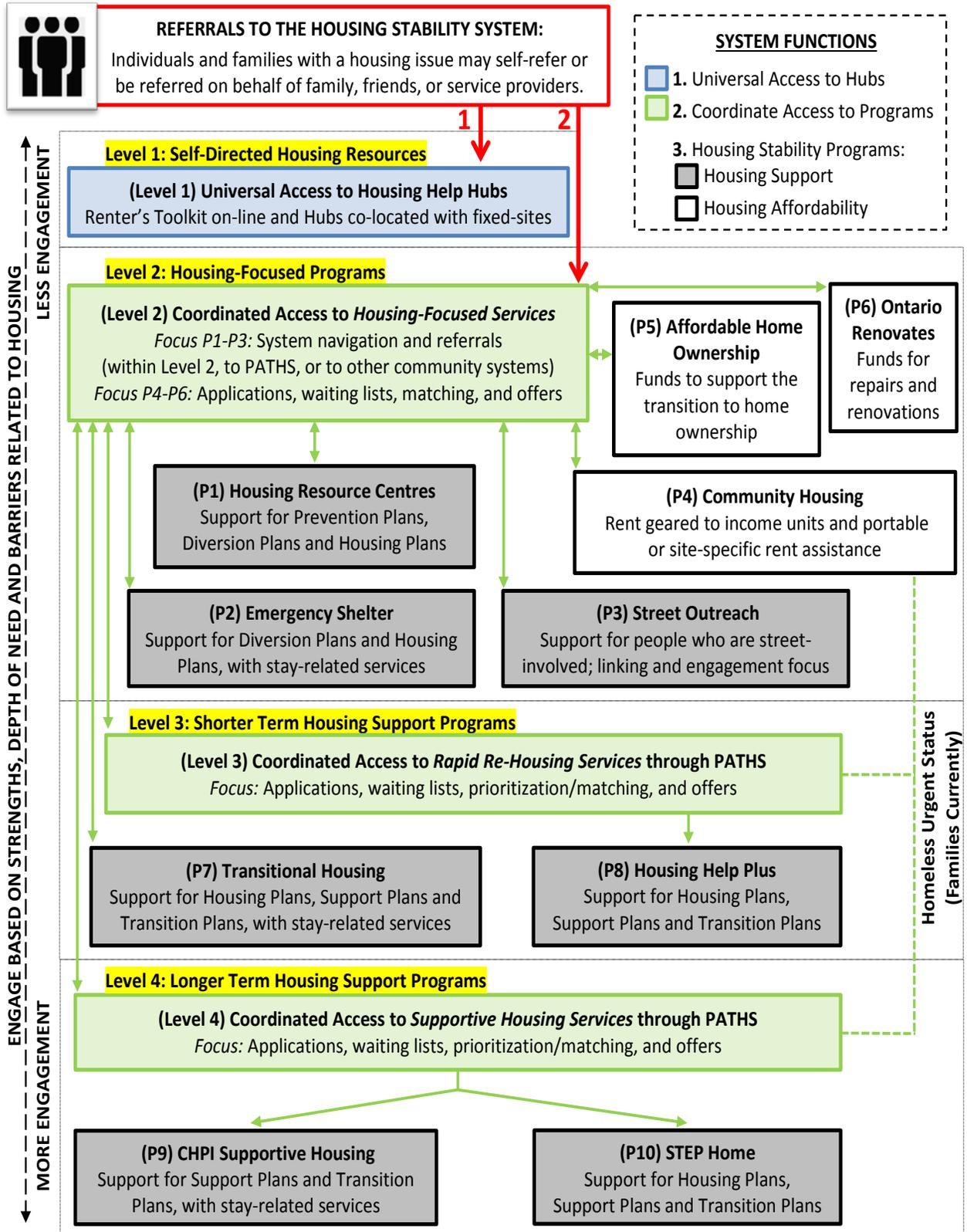
1. **Access:** How are housing resources offered?
 - Are they available on a drop-in or “first come, first served” basis? (Housing Support Programs in Level 2)
 - Or is there a waiting list? (Community Housing in Level 2, and Housing Support Programs in Levels 3 and 4)
 - If so, are resources offered based on:
 - When people apply? (Community Housing in Level 2)
 - Other factors like depth of need? (Housing Support Programs in Levels 3 and 4)
2. **Type of Support:** Are resources primarily...
 - Self-directed? (Level 1 Renter’s Toolkit and Housing Help Hubs)
 - Offered through some staff support? (Housing Support Programs in Levels 2, 3 and 4)
 - Housing support focused primarily on a Prevention Plan, Diversion Plan, or Housing Plan? (Housing Support Programs in Level 2)
 - Housing Support Coordination that facilitates increased housing stability through a Support Plan? (Housing Support Programs in Levels 3 and 4)
3. **Location:** Are resources primarily...
 - Offered on-line? (Level 1 Renter’s Toolkit)
 - Designated support to the individual or family and “mobile” so that it can follow people out in the community? (Street Outreach in Level 2; Housing Help Plus in Level 3; STEP Home in Level 4)
 - Designated support to a unit, building, or neighbourhood and/or available at fixed sites? (Housing Resource Centres and Emergency Shelters in Level 2; Transitional Housing in Level 3 – Marillac Place; CHPI Supportive Housing in Level 4)
4. **Intensity of Support:** Are there limits to the support in terms of number of hours, frequency or number of contacts, or length of time that it is available? (Varies by housing support program, with limits informed by service plan.)

The chart on the next page outlines primary reasons for service and resources offered through Housing Help Hubs and each housing stability program.

| Primary Reasons for Service | | Resources Available |
|---|--|---|
| Level 1: Self-Directed Housing Resources | | |
| Housing Help Hubs On-Line & Drop-In Access | <ul style="list-style-type: none"> ✓ Need housing information ✓ Able, willing and/or prefer to self-resolve issue(s) | <ul style="list-style-type: none"> ✓ Universal access to consistent and current housing information on-line 24/7 ✓ Co-located with drop-ins or other services in the community; access will vary by site ✓ Organized by Renter’s Toolkit |
| Level 2: Housing-Focused Programs (Housing-Focused Services) | | |
| Housing Resource Centres Drop-In & Phone Access | <ul style="list-style-type: none"> ✓ Need or prefer to receive support ✓ Safe and unlikely to need a place to stay in the next few days: need support to stay housed or find new housing ✓ Experiencing homelessness or engaged in eviction process or other housing situation where move-out is imminent: need support to avoid shelter stay | <ul style="list-style-type: none"> ✓ On-site and phone support to develop and implement plans (Prevention Plans, Housing Plans, Diversion Plans), including referrals to other housing stability programs or community systems ✓ Intensity of support varies (hours, contacts, duration) ✓ Access to limited grants or loans through Rent Fund ✓ Families: Access to flex funds to support diversion and rapid re-housing and “Homeless Urgent Status” |
| Emergency Shelter Fixed-Site Housing-Focused Services | <ul style="list-style-type: none"> ✓ No other safe and appropriate place to stay ✓ Engaged in Housing Plan or Critical Safety Plan | <ul style="list-style-type: none"> ✓ At point of inquiry, support people with diversion (Diversion Plans) ✓ Safe, temporary place to stay during housing search ✓ Resources to meet basic needs (stay-related services) ✓ On-site housing search support during stay to develop and implement a Housing Plan; daily intentional housing conversations and Housing Plan Reviews |
| Street Outreach Mobile & Drop-In Housing-Focused Support (Linking and Engagement) | <ul style="list-style-type: none"> ✓ Street-involved ✓ Need greater flexibility in the way services are delivered ✓ May be unhoused and more vulnerable (greater depth of need and housing barriers) | <ul style="list-style-type: none"> ✓ Mobile service not tied to a location or time; contact takes place in community (e.g., public spaces, outdoors, places where people gather). Some flexibility to respond to emerging needs (e.g., crisis support, accompaniment). ✓ Drop-ins located at physical sites in the community at certain times. Access to a variety of resources (e.g., washrooms, showers, laundry facilities), with some providers focusing on specific services (e.g., ID). |

| Primary Reasons for Service | | Resources Available |
|--|--|--|
| Community Housing | <ul style="list-style-type: none"> ✓ Date of application informs when housing is offered (modified chronological waiting list) | <ul style="list-style-type: none"> ✓ Rent-geared-to-income units and portable or site-specific rent assistance |
| Affordable Home Ownership | <ul style="list-style-type: none"> ✓ Require financial assistance ✓ Have low to moderate income | <ul style="list-style-type: none"> ✓ Funds to support the transition to home ownership |
| Ontario Renovates | <ul style="list-style-type: none"> ✓ Require financial assistance ✓ Have low to moderate income | <ul style="list-style-type: none"> ✓ Funds for repairs and renovations |
| Level 3: Shorter Term Housing Support Programs (Rapid Re-Housing Services) | | |
| Housing Help Plus Mobile Housing Support | <ul style="list-style-type: none"> ✓ Medium to “low-high” acuity and a history of homelessness; additional factors may be considered during prioritization process ✓ Need additional support with Housing Plan | <ul style="list-style-type: none"> ✓ Up to three months of mobile Housing Support Coordination (Housing Plans, Support Plans, Transition Plans) ✓ People transition after moving through all five stages, with a focus on stages 1 and 2 |
| Transitional Housing Fixed-Site Housing Support | <ul style="list-style-type: none"> ✓ TBD acuity with housing barriers related to transitional circumstances ✓ Need additional support with Housing Plan | <ul style="list-style-type: none"> ✓ Note: Marillac Place is the only Region-funded program ✓ Housing Support Coordination tailored to specific transitional circumstances (Housing Plans, Support Plans, Transition Plans) ✓ People transition within the year – not covered under <i>Residential Tenancies Act, 2006</i> |
| Level 4: Longer Term Housing Support Programs (Supportive Housing Services) | | |
| STEP Home Mobile Housing Support | <ul style="list-style-type: none"> ✓ High acuity and a history of homelessness; additional factors may be considered during prioritization process | <ul style="list-style-type: none"> ✓ Mobile Housing Support Coordination (Housing Plans, Support Plans, Transition Plans) ✓ Once housed, support continues for at least one year – people transition after moving through all five stages ✓ 1:10 staff to household ratio |
| CHPI Supportive Housing Fixed-Site Housing Support | | <ul style="list-style-type: none"> ✓ 11 buildings of affordable housing with on-site Housing Support Coordination (Support Plans, Transition Plans) ✓ 1:20 staff to household ratio |

Appendix G: Progressive Engagement Housing Stability System Flowchart



Appendix H: Common Housing Support Plans

The local model of progressive engagement includes seven kinds of housing support plans. See below for a brief description of each plan and where they apply; also see **Appendix G** where plans are identified for each program.

As noted below and in **Appendix G**, the ES Program supports the development and/or implementation of four of these plans: Diversion Plans, Housing Plans, Service Resolution Plans, and Critical Safety Plans.

- 1. Prevention Plans:** For people whose current housing is at-risk, but they have some time before they actually lose their housing (more than a few days). With a Prevention Plan, people are supported to maintain their current tenancy or to transition to a new one by addressing the issues that are creating housing instability without an experience of homelessness or a shelter stay. Applicable to: Housing Resource Centres.
- 2. Diversion Plans:** Diversion Plans specific to shelter are for people whose current housing is at imminent risk – they may need to access a shelter within the next few days if they have no other safe and appropriate place to stay. With a Diversion Plan, people are supported to stay where they are or to find somewhere else to stay that is safe and appropriate – even temporarily – until permanent housing can be secured. Support includes specialized problem-solving for time-sensitive issues (e.g., system navigation and eviction prevention strategies, including warm referrals to other community services). Applicable to: Housing Resource Centres and **the ES Program**.
- 3. Housing Plans:** For people who need to move. They may have housing but it is inadequate for a variety of reasons – it may be unsafe, unaffordable, inaccessible, undesirable, overcrowded, not well maintained, or not covered under the *Residential Tenancies Act*. Or people may be unhoused and living outdoors, couch surfing with friends or family, or staying at a shelter or another temporary housing option. With a Housing Plan, people are supported to prepare for a housing search, engage in a housing search, secure housing, and make it a home. Applicable to: Housing Resource Centres, **the ES Program**, Housing Help Plus, Transitional Housing, and STEP Home.
- 4. Support Plans:** For people with greater depth of need and barriers who are being supported with Housing Support Coordination services. Applicable to: Housing Help Plus, Transitional Housing, CHPI Supportive Housing, and STEP Home.
- 5. Transition Plans:** For people who are ready to be discharged from Housing Support Coordination services, either to transition to another program in the system or exit the system altogether and end their service pathway. Applicable to: Housing Help Plus, Transitional Housing, CHPI Supportive Housing, and STEP Home.

- 6. Service Resolution Plans:** For people who have more complex housing issues where service providers are working together to secure other support options, including more specialized or disability-specific resources (e.g., through Service Resolution, Connectivity Tables).
Applicable to: All programs, including **the ES Program**.
- 7. Critical Safety Plans:** These plans outline the shelter options that are available and how they can be made more accessible (e.g., private space on-site, only motel, more or less contact during a stay, and/or specific harm reduction needs). Used only when there is a perceived, heightened level of risk to the participant. Service Resolution Plan may also be in effect. **Note:** Critical Safety Plans are more typical for individuals, as Family and Children's Services are called if children are at-risk. Critical Safety Plans are applicable to: **the ES Program** and Street Outreach. Examples of appropriate use include the following:
- Individual is highly vulnerable. Vulnerability often linked to high risk of harm and disabilities (e.g., mental health issues, cognitive disabilities and/or active substance use).
 - May be unable to access services due to restrictions or, if accessing services, may be underserved in current programs.
 - May be on several waiting lists for more specialized housing and/or support, including PATHS.
 - May be living outdoors, couch surfing, or staying in shelter.

Appendix I: How SPDAT Informs Progressive Engagement

| Level of Engagement | VI-SPDAT Pre-Screen | | Full SPDAT Assessment | |
|--|---|---|---|---|
| | When and Why | Program | When and Why | Program |
| Level 2: Housing-Focused Programs | <ul style="list-style-type: none"> ✓ At intake, if household returns (within timeframe TBD²⁵) or intensive diversion effort suggests more support is needed ✓ Informs Diversion Plan ✓ Assess for PATHS | Housing Resource Centres; Emergency Shelter | <ul style="list-style-type: none"> ✓ At intake, if returning with VI-SPDAT score; confirms and/or deepens understanding of acuity ✓ Informs Diversion Plan ✓ Assess for PATHS | Housing Resource Centres; Emergency Shelter |
| | <ul style="list-style-type: none"> ✓ In shelter, if not able or willing to move forward with Housing Plan (after first week or during any Housing Plan Review) ✓ Informs Housing Plan ✓ Assess for PATHS | Emergency Shelter | <ul style="list-style-type: none"> ✓ In shelter, if not able or willing to move forward with Housing Plan (after first week or during any Housing Plan Review) and has VI-SPDAT score; confirms and/or deepens understanding of acuity ✓ Informs Housing Plan ✓ Assess for PATHS | Emergency Shelter |
| Level 3: Shorter Term Housing Support Programs | <ul style="list-style-type: none"> ✓ Informs access to Level 3 PATHS | Housing Help Plus | <ul style="list-style-type: none"> ✓ At intake, if needed, to confirm and/or deepen understanding of VI-SPDAT score ✓ Informs Support Plan at intake/move-in and discharge to inform Transition Plan | Housing Help Plus |
| Level 4: Longer Term Housing Support Programs | <ul style="list-style-type: none"> ✓ Informs access to Level 4 PATHS | N/A | <ul style="list-style-type: none"> ✓ Same as Level 3, but at move-in and months 1, 3, 6, 9, 12; then every 6 months thereafter | CHPI Supportive Housing; STEP Home |

Appendix J: ES Program – Seven Steps of Shelter Service

- 1. Explore where else people can stay that is safe and appropriate** through diversion conversations when people have an imminent need for shelter (within the next few days). Prevent homelessness wherever possible.
- 2. If people have no other options, offer shelter** and provide information about what the Emergency Shelter Program is all about. Refer to other sites or motels, as needed due to capacity, service restrictions, or planned intakes.
At intake, begin to tailor services to individualized shelter stays:
 - **Regular:** Tailor service to a Housing Plan.
 - **Short Term Contract:** Tailor service to conditions outlined in a Contract signed at intake.
 - **PATHS:** Person or family qualifies for more housing support because of greater depth of need – continue to support Housing Plan next steps.
 - **Critical Safety:** Tailor service to unique sheltering needs outlined in a Critical Safety Plan designed to maximize service flexibility.
- 3. Within 48 hours, develop or update Housing Plans in a meeting.** If participants already have support workers from other programs, engage these workers in the housing process. If need for more housing support is identified during an intensive diversion effort or if it is a repeat intake, assess eligibility for more support during this meeting.
- 4. Have daily intentional housing conversations** that help to identify and implement Housing Plan next steps. Refer to the on-line Renter's Toolkit, on-site Housing Help Hub, and Housing Resource Centres for information, tip sheets, and work sheets. Tailor housing search approach by type of shelter stay. If participants are more street-involved, refer to Street Outreach.
- 5. Monitor Housing Plan progress** and keep Housing Plans current:
 - After the first week of a first stay, shelter workers and participants review the Housing Plan and adjust next steps in a meeting. Need for more housing support is assessed or confirmed during that meeting.
 - If participants qualify for more housing support, shelter workers help with the application process (transition stay to PATHS).
 - Continue to review Short Term Contracts and Critical Safety Plans, where applicable.
 - Where appropriate and as part of a Housing Plan, manage any financial contributions to stays (e.g., longer PATHS or Critical Safety stays where participants are accessing social assistance or another source of regular income).
- 6. As needed, engage circles of support for finding housing.** If participants are offered more housing support during their stay, transition the lead for housing search support activities from the shelter to the new housing support worker. For example, if

participants accept support through PATHS, stays transition to Housing Help Plus or STEP Home as of the date of intake into that program. Shelter workers stay connected as part of the circle of support. Refer to other community resources that can help participants to find housing, including those that help with addressing more complex issues (e.g., Connectivity Tables in situations where there is heightened risk, Service Resolution for mental health/addictions, or other disability-specific resources).

- 7. Support discharges (voluntary, planned or service restriction).** Some participants will leave shelter on their own when they transition to housing or other accommodation (a voluntary discharge). Others will leave when they are no longer eligible for a continued stay because of a planned discharge or service restriction. To support planned discharges, give a discharge notice and support next steps. The discharge date outlined in the notice may be extended under two conditions: to align with move-in date to an address or if active housing search is sustained. Before discharge, update the Housing Plan.

Appendix K: Key Messages

This appendix is organized into five sections:

- A. Shelter Stays.** The purpose of this information is to help determine which type of stay to offer, and how the type informs services and length of stay. It includes seven Q&As.
- B. Inquiries from Outside Waterloo Region.** This section includes two key messages.
- C. Intakes.** This section includes six key messages.
- D. Housing Plan Reviews.** This section includes three key messages.
- E. Discharges.** This section includes three key messages.

Note: This information will be revised as part of implementation activities related to developing consistent intake and discharge packages.

SECTION A: Shelter Stays

1. Is this the first stay?

- People accessing the ES Program for the first time qualify for a Regular stay unless they are already on PATHS. If they are on PATHS, they qualify for a PATHS stay at intake.
- Housing search support is focused on developing and implementing an individualized Housing Plan. For individuals, this work starts within the first 48 hours of the stay. Families start their Housing Plan with a Housing Resource Centre through Families to Homes; it follows them with their referral to shelter.
- Daily intentional housing conversations support next steps in the Housing Plan and Housing Plan Reviews take place during the stay as needed, beginning generally after the first week.

2. Is the individual or family returning?

- Work should continue to build on the Housing Plan from the last stay.
- Engagement deepens within 48 hours by seeking to understand current strengths, depth of need, and barriers related to housing. Complete VI-SPDAT pre-screen or Full SPDAT assessment if there isn't one on file. This helps to further tailor next steps.

3. Are there conditions attached to the stay?

- With these stays, people have no other safe and appropriate place to stay, but there are time-limited conditions attached to their stay that are outlined in a Short Term Contract. The Contract is agreed-upon at intake and is based either on a diversion conversation or the need for a planned intake.
- Once the conditions have been met or an eligibility exemption has been granted, the stay may transition to a Regular stay.

4. Are they moving forward with the next steps in their Housing Plan?

- After about a week, participants should complete the VI-SPDAT to see if they qualify for more support. If the results of the VI-SPDAT need to be confirmed, participants should complete a Full SPDAT.
- Continue to offer service through daily intentional housing conversations and follow up on progress with the Housing Plan.
- Participants with low acuity who are not actively engaging with their Housing Plan receive a discharge notice that sets a move-out date. The move-out date can be extended with active engagement on the Housing Plan.

5. Do they have greater depth of need and/or more barriers?

- Participants with greater depth of need may be assessed for more support through PATHS. If they qualify, their stay transitions to a PATHS stay.
- Qualifying for more support does not mean that people can stay in shelter indefinitely. However, it is a consideration when determining length of stay. Participants with greater depth of need and/or more barriers may have longer lengths of stay if there are no appropriate housing and/or support options available to them at this time.
- Participants with longer PATHS stays may contribute financially after 30 days.
- Stays are not permanent – people will stay on PATHS and be supported to access housing and support options as they become available, either in the private market with support through Housing Help Plus or STEP Home, through CHPI Supportive Housing, or another appropriate and desirable housing option.

6. If the participant is on PATHS, what resources are available?

- Participants on PATHS will continue to receive housing search support through the ES Program, as well as any other resources in the system as capacity allows (e.g., Street Outreach, Housing Resource Centres) until they move-out, are discharged by the ES Program, or receive additional support (whichever comes first).
- Given that stays are not permanent, participants should be supported to access sustainable housing and support options as they become available. For example, when a housing option becomes available, it should be fully explored by the participant and flexible transition planning should be offered (e.g., visits, stays at shelter and new housing for some time).
- Participants may be referred to Service Resolution or the Connectivity Tables and/or further collaboration may be explored with other community partners. A Service Resolution Plan can help to coordinated next steps.
- When all options have been exhausted, a discharge date may need to be set.

7. Is there a Critical Safety Plan in place?

- These plans identify the specific shelter options that are available.
- If a participant has a Critical Safety Plan, their stay transitions to a Critical Safety stay.
- In general, support for these participants is framed in the context of prioritizing safety rather than emphasizing the more conventional housing search process.

SECTION B: Key messages Related to Inquires from Outside Waterloo Region

1. If people are planning to move here, they are encouraged to plan ahead to:
 - **Secure income.** Find employment or become “document-ready” if they need social assistance.
 - **Secure support.** Transfer support and services that are helping them to stay housed, so that care remains seamless and these workers can assist with the housing process.
 - **Secure housing.** Find housing in the private market and secure it with the necessary deposits, or arrange to stay with family/friends while they look for housing locally.
2. To support the settling process, people can access the following housing resources:
 - **Community Housing:** People may apply for Community Housing through the chronological waiting list at any time. People can’t stay in shelter until they receive an offer. Immediate access to affordable housing is not available and the waiting period is generally several years long.
 - **Renter’s Toolkit:** People can access self-directed housing resources through the Renter’s Toolkit any time.
 - **Housing Resource Centres:** During business hours, people can access housing search support (not necessarily the Rent Fund) from a Housing Advisor at local Housing Resource Centre.

SECTION C: Key messages Related to Intakes

There are six key messages:

1. Keeping the shelter safer for everyone (for all intakes/types of stays)
2. Checking-in (for all intakes/types of stays)
3. Purpose of Shelter (for all intakes/types of stays)
4. Repeat Stay (for repeat intakes only)
5. Common Assessment (as needed during a stay)
6. Critical Safety Stay (for Critical Safety stays only)

Each key message is further described below, with additional key intake activities outlined where applicable.

1. Keeping the Shelter Safer for Everyone:

People who stay here and the staff who work here have a right to feel a sense of safety. All of us have a responsibility to keep it safe here. The other people – shelter participants and staff – that you will be sharing this space with have agreed to some basic guidelines and we expect you to do the same. When these guidelines are not followed, we may have to call the police or ask you to leave. We don't want to have to do that. Here are the basic guidelines:

- **No damage to the shelter.** If you damage the shelter, you may be responsible for fixing what was damaged, we may ask you to leave the shelter and/or we may call the police.
- **No theft.** We call the police when we see theft. This includes stealing things that belong to other shelter participants and to staff. It also includes things that belong to the shelter. If you need something, please ask us about it and we will do our best to help.
- **No weapons on-site.** If we see a weapon, we will either keep it safe for you until you leave or – if it is illegal – we will call the police.
- **No drug dealing on-site.** If we see any drug dealing, we will ask you to leave the shelter and we may call the police.
- **No harassment, bullying, threats, or violence.** Please be respectful in the way that you talk to others while you are here – this includes no racist, sexist, homophobic, or transphobic language. If you harass or bully anyone, we will ask you to stop. If you continue, we may ask you to leave the shelter. Also, if you threaten someone else or are violent in any way, we will ask you to leave the shelter. We may also call the police. If you feel unsafe at any time because of something that another resident or staff has said or done, please tell us about it right away so that we can help.
- **No substance use on-site.** If we observe substance use, we may ask you to leave the shelter. If you are bothered by someone else's substance use, please speak with that person directly or to shelter staff. Also, if substance use is something that you are concerned about or if you have questions about how you can be safer with your use, please talk to shelter staff. We can help you to explore your options and also connect you with additional support for this. Please just ask.
- **Staff may call 911:** If we think that someone is unsafe – it could be your safety they are concerned about, or the safety of other shelter participants, or of staff – we will call 911. We will call 911 even if you or another person does not want them to. Safety comes first.

2. Checking-In:

- Do you have any questions about what I've shared?
- What concerns do you have about being able to maintain a safe stay here at the shelter?
- What options do you have for managing that issue?
- How can we be helpful with supporting you?

3. Purpose of Shelter:

In Waterloo Region, shelters give people a safe, temporary place to stay so they can find housing as quickly as possible.

There are few things about this that you need to know:

- We are here to support you with developing and following through with your own Housing Plan. We will start this within the next day or two.
- As we develop your Housing Plan, we will look at the housing strengths you have – the steps or strategies that you have used in the past to find housing that have worked well. We will also start to identify the areas that you need to focus on and steps you need to take to prepare for your housing search, search for housing, secure your housing, and then make it a home.
- We can help you problem-solve anything that comes up for you as you look for housing. For example, we may connect you with other community resources that can help you, too. Please let us know how we can support you best.
- We will check-in with you each day that you are here to see how you are doing with the steps that you identified in your Housing Plan.
- Then, in about a week from now, we will review your Housing Plan progress. You can accomplish a lot in a week and we look forward to helping you along the way.
- Everyone here has a Housing Plan of some sort and they are all a bit different because we don't believe in a "one size fits all" approach to supporting people. Your Housing Plan is all that matters. It is created by you and reflects what you need to do right now to find housing. Please keep your focus on you, not what is happening with others and their Housing Plan.

4. Repeat Stay:

- I understand that you've stayed here before. What happened last time you stayed here?
- What can we do differently to make this stay as safe and supportive as possible?
- What have you learned about housing since you were here last? How can you build on that?
- What can you do differently this time? How can we support you in your housing search?

Other Key Intake Activities:

- Complete/update²⁶ the VI-SPDAT pre-screen or Full SPDAT assessment. If there are concerns about accuracy with the VI-SPDAT pre-screen or to confirm and/or deepen understanding of results, do a Full SPDAT assessment instead.

5. Common Assessment:

- I'm curious about what might be making it hard for you to secure the kind of housing that will work best for you or what might be making it hard to connect with other resources that could help you do that.
- Can we work through some questions together to get a better understanding of your housing needs?

6. Critical Safety Stay:

- Welcome. We are glad you are here.

Other Key Intake Activities:

- Review and update Critical Safety Plan.
- Complete/update VI-SPDAT pre-screen or Full SPDAT assessment and support PATHS application, if appropriate.

SECTION D: Key messages Related to Housing Plan Reviews

1. If there is progress with Housing Plan:

- Continue daily intentional housing conversations.
- Consistent and reasonable progress extends length of stay.

2. If housing has been secured:

- Align discharge date with housing move-in date.
- If housing move-in date is more than a month away, consider financial contribution to stay.
- Explore options for an earlier housing move-in date or to stay somewhere else safe and appropriate until the housing move-in date.
- Continue daily intentional housing conversations to support move-in planning.

3. If participants are not able to willing to move forward with next steps:

- Acknowledge staff time and other resources that have been provided to support the Housing Plan.
- Complete the VI-SPDAT (for first intakes). For repeat intakes or if there are concerns about accuracy with the VI-SPDAT pre-screen or to confirm and/or deepen understanding of results, do a Full SPDAT assessment instead. If SPDAT is refused, shelter staff may informally assess acuity as an interim measure.

SECTION E: Key messages Related to Discharges

1. Declines Daily Intentional Housing Conversations and Engagement with Housing Plan

- Review Purpose of Shelter (see section C3 above).
- Explore options for accessing housing search support in the community that may be more desirable.
- Set discharge date and provide discharge notice.
- Day before discharge date:
 - Confirm move-out the next day.
 - Acknowledge staff time and other resources that have been provided to support the Housing Plan.
 - Explore options for accessing additional support in the community.

2. Low Acuity

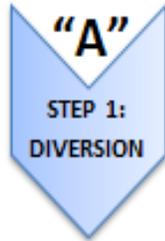
- Acknowledge staff time/resources that have been provided to support the Housing Plan.
- Request feedback about the process to date:
 - How has it been going with the Housing Plan?
 - What's worked well? What needs to be better?
- Identify next steps in the Housing Plan, including the progress that needs to happen in order to stay and the housing search support that will be available to help along the way.
- Set discharge date and provide discharge notice. Date may be extended if housing is secured or there is consistent and reasonable progress with Housing Plan over the next few days.
- Continue daily intentional housing conversations. Remind them of the discharge date.
- Day before discharge date:
 - Confirm move-out the next day.
 - Acknowledge staff time and other resources that have been provided to support the Housing Plan.
 - Explore options for accessing additional support in the community.

3. Medium or High Acuity

- Continue to support Housing Plan. Encourage acceptance of all sustainable housing options.
- Refer to other community resources that can help participants to find housing, including those that help with addressing more complex issues (e.g., Connectivity Tables in situations where there is heightened risk, Service Resolution for mental health/addictions, or other disability-specific resources).
- If the person has few housing options and a longer shelter stay makes sense as part of their Housing Plan, request a financial contribution to stay beginning on the 1st of the month.
- After 30 days in shelter, complete a Full SPDAT assessment.

- Follow regular discharge processes if there is no sustained engagement in a Housing Plan.
- **Note:** Refer to PATHS Process Guide for information about how to advocate that the participant be prioritized for upcoming support offers.

Appendix L: Referral Flowchart Using the ABCs of Shelter Policy



Who? People who need immediate access – now or within the next few days.

What? Explore safe and appropriate places to stay (even temporarily) to avoid a stay wherever possible through a Diversion Plan. Support connections to friends/family and other community services. Refer to shelter elsewhere (e.g., if can access it and want to settle in that area).

Where? Housing Resource Centres (walk-in during business hours) and all shelters (call or walk-in 24/7; families redirected to Housing Resource Centres during business hours). Street Outreach supports diversion conversations with people who are street-involved.

Note: If diversion is not possible, offer shelter at the most appropriate site (see Step 2 below).



Who? People who have no other safe and appropriate place to stay.

What? Immediate access to safe, temporary shelter with services to meet basic needs and help with the next steps in their individualized Housing Plan.

Where? All shelters intake people 24/7. If one shelter is full, refer to another site that has space or can overflow into motel (see Step 2B).

Stays and services guided by a Housing Plan. Access may also be informed by a Critical Safety Plan.



Who? People admitted to shelter, including those with service restrictions where a Critical Safety Plan has identified they can stay safely in a motel.

When? If there is no room left on-site at any shelter in the region or if needed for accessibility, health, or safety reasons.

Where? Three shelters can offer motel stays: Cambridge Shelter, Charles Street Men's Shelter and YWCA Emergency Shelter.

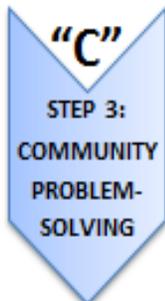
Possible reasons for restriction: Damage; theft; weapons; drug dealing; substance use on-site; or harassment, bullying, threats or violence. May be issued for up to 14 days; re-entry may require a planned intake with ES Program staff.



Who? People who have been admitted to shelter, including those with service restrictions where a Critical Safety Plan has identified they can stay safely in a Bunkie (a heated, self-contained space with a bed).

When is a Bunkie offered? If shelter participants need different services than a shelter can offer on-site or through a motel stay.

Where? The Working Centre coordinates access through Street Outreach.



Who? People restricted from all options and/or unable to stay safely in Region-funded shelter. They have no safe and appropriate options left.

What? Explore options through emergency lodging (voluntary), Connectivity Table, Service Resolution, and/or other residential options (e.g., respite). Service Resolution Plan can support these efforts.

Who? With shelter and street outreach staff. Must also include other community partners as all options within the housing stability system have already been exhausted. Partners could include police, hospitals, CCAC, Here 24/7, Developmental Services Ontario, Independent Living Center, Traverse Independence and/or their funders, etc.

Appendix M: Guidelines for Daily Intentional Housing Conversations

- **Connect with participants about their Housing Plan regularly.** Housing conversations should form part of the day-to-day routines so that they shape the norms about the purpose of the ES Program and how the system as a whole is working to prevent and end homelessness. The expectation is that staff will have some form of housing-based interaction with each participant, every day (or most days) of their stay. The interaction should be tailored. It should follow-up on the specific next steps in the individualized Housing Plan for that person or family.
- **Coach the housing process, don't direct or lead it.** Participants are supported to focus on building knowledge, skills, and confidence so they learn how to work through the next steps in their Housing Plan on their own as much as their personal ability allows. Examples of things ES Program staff can help participants with:
 - Reflecting on strategies that have worked well in the past when looking for housing.
 - Listing the things they can do comfortably on their own (e.g., searching for vacancies on the internet, attending viewings of units).
 - Talking about what kind of housing they need and want.
 - Developing a budget so they know how much rent they can afford.
 - Identifying community resources that can support the next steps in their Housing Plan, including referrals to Housing Resource Centres.
 - Mapping routes via public transportation to social assistance offices and housing viewings.
 - Supporting applications for Community Housing.
 - Trouble-shooting problems that come up during the next steps in their Housing Plan.
 - Supporting participants who qualify for PATHS to complete the application process. While participants are waiting on PATHS, ES Program staff continue to support the next steps in their Housing Plan. If participants have more complex housing issues, Housing Plans can be complemented with a Service Resolution Plan to help coordinate services with other community partners.
- **A role for everyone.** Day **and** night staff are accountable for having these conversations. There should be consistency in how updates to Housing Plan progress are shared/recorded.
- **Connecting to Housing Help Hubs.** The Renter's Toolkit includes key resources like the Housing Plan, plus tip sheets and work sheets to support implementing each step. These resources should be readily accessible to all staff and participants (e.g., a dedicated bulletin board).
- **An individualized Housing Plan.** Emphasize that participants should stay focused on them and what they need. Their Housing Plan is unique to them and the steps they take to implement their Housing Plan might look a bit different and take longer or shorter, than it

might for others. For example, participants with longer term housing instability may need to start with engaging in conversations about what “housing” looks like to them and need some time to identify the specific things they need and prefer.

- **Not a “one size fits all” approach.** The level of housing search support ES Program staff provide varies depending on participants’ individual circumstances (e.g., accessing shelter for the first time versus a long history of homelessness) and factors which may be beyond the control of the ES program (e.g., capacity pressures). In general, the conversations shouldn’t look the same for everyone, every time. Sometimes, a quick “touch base” is fine. At other times, participants should have a dedicated Housing Plan Reviews to explore next steps and problem-solve.
- **Qualifying for more support doesn’t always mean it is available right away.** Where possible, participants will get the support they need, when they need it. Ideally, they will not have to wait very long to receive any additional support they qualify for (e.g., coordinated through PATHS). However, this is not guaranteed and is dependent on factors beyond the control of the ES Program (e.g., capacity pressures in other programs).
- **The key message:** Encourage participants to focus on themselves, not what support or length of stay others may or may not be getting. For example: “We approach everyone’s needs differently. Everyone is unique and their Housing Plan reflects that. This is your Plan. What do you need to do to move forward with your Housing Plan today and how can I help with that?”

Appendix N: Development and Implementation of New Funding Model

As identified in section 2, while the previous funding envelope for the ES Program was tied to residential occupancy (i.e., a per diem rate was paid for each bed night), funds are now available to support any activities that support CHPI objectives through a grant-based model. This increased flexibility afforded the opportunity to revisit how the ES Program is funded in Waterloo Region, and initiated a number of funding-specific discussions with ES Program providers (as summarized on the next page).

Through the process of developing the new funding model for the ES Program, four Region priorities emerged. They were for the new ES Program funding model to:

1. **Be easy to understand.** This was defined as being transparent and straight forward (no “hidden math”).
2. **Support stability and sustainability.** This was further described as being predictable and in alignment with a fixed funding environment.
3. **Be equitable.** This was defined as having funding levels similar across ES Program providers of similar size, while recognizing the unique challenges with operating smaller programs.
4. **Maintain current investments:**
 - In recognition that the ES Program plays a key role in the housing stability system, continuing to invest in shelters was confirmed as a priority.
 - Staff positions funded through the previous (2015/16) ES Program provider budgets that were not directly supporting ES Program-specific activities (e.g., rapid re-housing or supportive housing services) were to be maintained. The Region confirmed the direction to align these staff positions with their respective program budgets within the agency.
 - Motel overflow was identified to be a separate part of the overall ES Program budget, in recognition of its value as a flexible response to capacity pressures and shelter option in the region for people who are unable or unwilling to access a fixed-site. Opportunities to minimize use of motels through strengthening the referral processes were identified as part of next steps.

Overall, these priorities supported the Region’s intention to develop a funding model that strengthens the role of shelter in a system that is designed to prevent and end homelessness.

Highlights of the Process

In addition to the activities identified earlier to develop the ES Framework in section 1, the Region facilitated a number of activities between 2012 and 2016 to support the development of the new ES Program funding model more specifically, with most taking place in 2015. All ES

Program providers were engaged in these processes, either as a group or during individual meetings with the Region.

Activities to support development of the ES Program funding model included the following:

- Research on different ES Program funding model options (a separate report was commissioned for Waterloo Region in 2012).
- Environmental scan of other Ontario municipalities' approaches to funding shelters.
- Principles and approaches to guide the process and a list of the pros and cons of different funding models generated from ES Program providers.
- Data and financial summaries for each ES Program provider and the ES Program (for 2012, 2013/14, and 2014/15). Information was related to capacity, demand for service (bed nights, households), occupancy rates, allocations, various cost analyses (overall cost, per bed, per household, per bed night), and contributions from other funders.
- Review of 2015/16 ES Program provider budgets to identify and separate ES Program activities and related expenses (e.g., staffing costs) from other housing stability program activities (e.g., rapid re-housing or supportive housing services).
- Three ES Program provider meetings in 2015.
- Individual ES Program provider meetings with the Region (at least one per agency), with presentations to Boards of Directors where requested. Discussions were related to funding model principles, overall approach for developing the new model, trends related to the ES Program, and potential impacts that the new funding model might have on each provider's budget.

More specifically, the ES Program funding model was developed through these six steps:

1. It was decided that funding will be provided as a grant distributed on a monthly basis.
2. The overall ES Program CHPI budget available for allocation to ES Program providers was determined to be about 3.5 million currently, less \$175K budgeted for motel overflow.
3. The budget was allocated equitably to each ES Program provider based on total bed capacity (regular beds and internal overflow spaces).
4. It was decided that ES Program providers with less than 25 beds will receive a ten percent top-up.
5. It was decided that half of the beds at Safe Haven will be funded based on the capacity model, in recognition of service trends that showed only half of the youth they serve are ages 16 and up (the primary mandate of the housing stability system).
6. A three-year transition period was developed and shared with each ES Program provider, allowing time to adjust funding strategies accordingly.

The new funding model will be evaluated over 2017/18. Information to inform the evaluation will include ES Program provider feedback, and a review of annual budgets and program data. Results will help to confirm the final funding model, in part by addressing the following:

1. Level of investment required to fully implement the ES Framework and gaps in current ES Program capacity (e.g., related to staffing model or motel overflow).
2. How changes in capacity at each site impact the capacity-based funding approach.
3. Eligible central administration costs.
4. Minimum percentage of funding that must complement the Region's investments through other funding sources (e.g., donations, fundraising, United Way). **Note:** This work will be complemented with quality assurance measures.
5. Referral processes to minimize motel overflow costs and administrative burden:
 - a) Direction to transfer between ES Program providers at times of overflow before a motel is utilized. Also, participants should transfer from the shelter to a motel rather than accessing motels at intake.
 - b) Process for converting the self-contained units at the Cambridge Shelter from a singles to family set-up (e.g., when to switch from one set-up to another and how this is requested/communicated).
 - c) When participants should be prioritized for accessing motels in their "home city" in the region during times of overflow at a ES Program provider site (e.g., to keep children with their home schools, due to employment, or if they have proof of an appointment or treatments related to their Housing Plan, such as requirements through Family and Children's Services).
 - d) Processes for reducing the cost of taxis and motels (e.g., flat rates, pre-paid motel rooms per month).

END NOTES

¹ The housing stability system is a network of organizations, groups, and individuals that support people with housing issues in Waterloo Region. It includes service providers where at least 50 percent of the activities are dedicated to finding and keeping housing.

² See the on-line ES Program catalogue for more information:

<https://housingcatalogue.regionofwaterloo.ca/>

³ Local data was captured through the Homeless Individuals and Families Information System (HIFIS) and summarized in the 2006 version of the “Inventory of Services for the Housing Stability System in Waterloo Region”. These results, while dated, are similar to the “top five” reasons for housing loss cited in the 2016 PiT count, as illustrated in the report, “Homelessness Partnering Strategy: Highlights – 2016 Coordinated Point-in-Time Count of Homelessness in Canadian Communities” available on-line: <http://publications.gc.ca/site/eng/9.827546/publication.html>

⁴ The Region of Waterloo’s 10 Year Plan includes the 2012 Homelessness to Housing Stability Strategy (with its primary goal to end homelessness) and the 2014 Housing Action Plan (with its focus on addressing a wide range of housing needs for low to moderate income households). The local 10 Year Plan is available on-line:

<https://tinyurl.com/2014-10-Year-Housing-Plan>

⁵ Collective impact requires a separate organization with staff and a specific set of skills to serve as the “backbone” to the initiative. Backbone organizations play five key roles: guiding vision and strategy; supporting aligned activities; establishing shared measurement practices; building public will, advancing policy, and mobilizing funding.

⁶ For further information related to CHPI, refer to the provincial [Community Homelessness Prevention Initiative Program Guidelines \(2017\)](#).

⁷ The 2007 ES Guidelines are available on-line:

<http://communityservices.regionofwaterloo.ca/en/communityProgramsSupports/resources/mergencyshelterguidelines.pdf>

⁸ For more information, see the 2012 Homelessness to Housing Stability Strategy. The report is available on-line at: <https://tinyurl.com/2012-Homelessness-Stability>

⁹ ES Program providers still secure a significant amount of funding (approximately 20 to 40 percent) from other sources (such as the United Way, grants, fundraising, and charitable donations) to cover operational costs.

¹⁰ Housing First is not housing **only**. When needed and desired, people are connected with community resources to support longer term housing stability.

¹¹ For more information, see the report, "[Out of the Cold \(OOTC\) Transition: Final 2014/2015 Evaluation Report](#)"

¹² Social assistance includes two parts: a Basic Need Allowance (for expenses like food, toiletries, transportation, and phone) and a Shelter Allowance (the part that covers rent, utilities, and tenant insurance). Social assistance recipients living in private market housing often need to use some of their Basic Needs Allowance to cover the cost of rent and utilities because the Shelter Allowance is not enough. While recipients staying in shelter are only eligible for the Basic Need Allowance part, they can often keep more of it because the costs of rent, utilities, and food are included as part of their stay.

¹³ While not ideal, people may need to pay significantly more of their income than what is generally considered "affordable" (e.g., 30 percent). In these situations, housing is sustained through budgeting and leveraging other community resources (e.g., food banks, meal programs).

¹⁴ While housing affordability impacts all people experiencing poverty, it is more challenging for some groups than others. For example, the social assistance Shelter Allowance for singles is much lower than average rent for bachelor and one-bedroom units, resulting in fewer affordable housing options.

¹⁵ For more information about SPDAT, see: www.orgcode.com

¹⁶ To access copies of SPDAT materials used locally, see: <http://communityservices.regionofwaterloo.ca/en/communityPlanningPartnerships/HHSU.asp>

¹⁷ For more information about SPDAT, see: www.orgcode.com

¹⁸ Participants who are ill or recovering from an illness, injury or surgery must be able to care for themselves independently. If they need support, they must arrange for sufficient personal/attendant support in advance of their stay.

¹⁹ Participants may also be asked to leave by the police (e.g., with "no trespass order").

²⁰ Toronto shelter standards were approved by City Council in 2015. They are available on-line: <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=e10c8aa342132510VgnVCM10000071d60f89RCRD>

²¹ BC Housing released sample policies and procedures for emergency shelters in 2013. They are available on-line: <https://www.bchousing.org/home>

²² Gender identity: Self-defined; all providers serve people who identify as transgender.

²³ Definition of Family: Commonly refers to parent(s) or guardian(s) with one or more children (0-15 years of age) and/or youth (16 and 17 years of age) dependent on the parent(s) or guardian(s) for care. May be headed by one or two parents or guardians of opposite or same gender identity. Families may also include: youth up to age 24 (where the intention is to continue to live together as an intact household unit); adult dependents; parents with custody

arrangements and/or visitation rights; and/or parents that have been separated from their children and are actively seeking reunification.

²⁴ Region has held Agreements and provided funding for emergency shelters since 1973 when the Region came into existence. Prior to this, an Agreement was held between the City of Kitchener and House of Friendship, dating back to January 13, 1971. The earliest reference to a purchase of service Agreement between the Region and YWCA is from 1975.

²⁵ Protocol for when a second intake should be considered a first intake because of an extended time lapse in-between stays is TBD.

²⁶ Protocol for when to update the VI-SPDAT pre-screen or Full SPDAT assessment is TBD.