

Region of Waterloo Prioritized Access to Housing Support (PATHS) Framework

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

December 5, 2017



ALL ROADS LEAD TO HOME

Region of Waterloo PATHS Framework



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Acknowledgements

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Disclaimer:

The PATHS Framework describes how access to housing support is coordinated for people experiencing homelessness that have a greater depth of need related to finding and keeping a home. The PATHS Framework is not intended to provide legal advice. Service Providers are responsible for being in compliance with all federal, provincial, and municipal legislation or other regulatory authority or statute. Any reference to a statute herein shall include any successor or legislation thereto. The PATHS Framework does not supersede any such statute or regulation.

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SECTION 1: INTRODUCTION

This section introduces the Prioritized Access to Housing Support (PATHS) Framework developed by The Regional Municipality of Waterloo (Region, Housing Services) – describing its scope and intended audience, why it was developed, what it includes, and how it was developed.

1.1 What Is the PATHS Framework?

In general, frameworks outline the purpose, description, and policy direction for a program or policy area. The PATHS Framework describes the role that the PATHS process plays in the local Housing Stability System. More specifically, it outlines how access to housing support is coordinated for people experiencing homelessness that have a greater depth of need related to finding and keeping a home. The PATHS process is designed to match people with the right housing support, at the right time. People are prioritized for housing support based on a number of factors, including depth of need but also the length of time they have lived without permanent housing (e.g., lived experience of chronic homelessness).

The development and implementation of the PATHS Framework is part of an overall redesign of the local Housing Stability System. The goal of the redesign is to create a more coordinated approach to service for people with housing issues and to document new policy directions in a series of frameworks. A new Housing Stability System Program Delivery Framework is being developed to unify these new policy directions into one system-level document (anticipated fall 2018). This document will clarify how the various parts of the system¹ fit together and reinforce the common goals of increasing housing affordability, preventing homelessness, and ending chronic homelessness as identified in the local 10 Year Housing and Homelessness Plan (10 Year Plan). All documents are informing a year five refresh of the 10 Year Plan (also anticipated fall 2018). The 10 Year Plan Update will revise goals and targets in the area of housing and homelessness for the second five-year span (2019-2023) of the current commitment. Data from the PATHS process is used to monitor local progress with reaching the goals outlined in the 10 Year Plan, particularly related to reaching a sustaining “functional zero” for homelessness. The work of measuring, monitoring, and sharing progress is the focus of a local Housing Stability System Data Strategy currently under development.

The PATHS Framework was written for the following audiences:

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 fifty per cent of their time and/or activities are dedicated to the work of helping people find and keep a home. Often more than one community system is involved with supporting the same person or family with housing issues.

- **Region, Housing Services** – the backbone organization for the Housing Stability System that administers the PATHS process and hosts the technology used to support it;
- **PATHS Team** – the lead agency with staff dedicated to the PATHS process funded through the Region (Housing Services);
- **PATHS Partners** – Service Providers that help people to move forward with the next steps in their Housing Plan while they wait for an offer, including but not limited to: Housing Resource Centres, Emergency Shelters, Street Outreach, the Community Housing Access Centre, and Transitional Housing; PATHS Partners may be funded through the Region as well as other sources;
- **Service Providers that receive referrals from the PATHS process** – Portable Home-Based Support Team and Supportive Housing funded through the Region as well as other partners that coordinate access to their programs through the PATHS process;
- **Service Providers that connect with the PATHS process** – both within and outside of the Housing Stability System; and
- **Members of the broader community** – those who are interested in learning about the PATHS process in Waterloo Region.

The PATH Framework is attached as a schedule of the Service Agreements between the Region and the PATHS Team lead agency. It is also attached as a schedule of the Service Agreements between the Region and funded PATHS Partners.

1.2 Why Was It Developed?

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

- Clarify and enhance the Region’s Service Manager role within Housing Services as it relates to setting new coordinated access policy, administering the PATHS process in the Housing Stability System, and facilitating more effective service navigation for people while they wait for housing support;
- Rationalize the use of limited resources in the Housing Stability System by setting policy for who gets access to housing support and in what order, in recognition of the pressures that exist in the rental market and in other community systems, and the need to prioritize efforts and collaborate as a result;
- Deepen local learning about how to effectively coordinate access to housing resources using a By-Name List, a PATHS List, and an Offer-Ready List – and promoting this learning to advance the movement to end chronic homelessness in Ontario, Canada, and more broadly across North America; and
- Set policy direction for the future.

1.3 What Does It Include?

The PATHS Framework covers a wide range of topics:

- The evolution of the PATHS process in Waterloo Region;
- How the PATHS process fits in the local Housing Stability System and connects to other housing stability programs;
- A description of the PATHS process, including definitions, purpose, core components of quality, and elements that support local processes; and
- Plans to support implementation of the PATHS Framework.

1.4 How Was It Developed?

Between 2013 and 2017, the Region led several activities to support learning about the role that coordinated access to housing support plays in preventing homelessness and ending chronic homelessness. These activities took place in the context of broader Housing Stability System evolution. The PATHS Coordinating Group (PATHS CG) played a key role in the development of the PATHS Framework, acting as both an advisory committee and a working group in partnership with the Region.

Activities specific to development of the PATHS Framework over 2016/17 included:

- A review of guiding documents from other communities (e.g., coordinated access and assessment systems, policies and practices, and prioritization standards).
- Consultations and opportunities to review draft materials:
 - Consultation Phase 1 (July-August 2017):
 - Open invitation to meet with Region staff at any time;
 - Electronic survey open to Region-funded Service Providers;
 - Input through eight regularly scheduled meetings with housing stability Service Providers (Working Groups);
 - Meetings with direct support workers and current/past participants;
 - Consultation Phase 2 (September-November 2017):
 - One open stakeholder meeting;
 - Electronic survey open to Housing Stability System stakeholders more broadly; and
 - Meetings with the Housing Stability System Planning Table as well as several open “drop-in” feedback sessions with Region staff.
- Training, coaching, and consultation with OrgCode Consulting. OrgCode works with communities to develop and implement strategies to prevent and end homelessness, including effective coordinated access systems. OrgCode Consulting is the creator of the common assessment tool used locally called the Service Prioritization and Decision Assistance Tool (SPDAT).

- Participation in the 20,000 Homes Campaign led by the Canadian Alliance to End Homelessness (CAEH) and, as part of this initiative, Built for Zero (BFZ) led by Community Solutions (in partnership with CAEH for Canadian communities). BFZ is a rigorous change effort working to help a core group of communities to end veteran and chronic homelessness in the US and end homelessness in Canada through capacity-building and coaching. Participating communities are supported to develop real-time data, optimize local housing resources, track progress against monthly goals, and accelerate an end to homelessness.

SECTION 2: COORDINATED ACCESS AND THE PATHS PROCESS

This section provides a rationale for coordinated access and describes the local PATHS process in the context of ten core components of quality coordinated access systems.

2.1 Reasons Why Coordinated Access Is Important

In the absence of coordinated access in a system, people experiencing homelessness are left with the overwhelming task of navigating a web of connected, but uncoordinated, programs during a time of personal crisis. They must tell their story many times and place themselves on multiple waiting lists in an effort to secure the programs they need. People with the most complex service needs – those with the greatest depth of need and highest housing barriers – are often unable to self-resolve their homelessness and may fall into chronic homelessness. They tend to face one or both of two difficult realities: accessing many crisis-oriented services at once and/or being excluded altogether given the complexities of their housing issues. In addition, without a common and consistent approach to understanding people’s service needs and preferences across the system, people are often mismatched with a program or Service Provider. This increases the likelihood of poor housing outcomes and continued diminished quality of life for people, as well as an ineffective use of limited resources in the system.

Systems with quality coordinated access share several features, including a centralized database with real-time data about people and unmet service need and preferences; a centralized database with real-time data about capacity to serve; clear access points; common assessment; consistently applied protocols; case conferencing; and specialized staff roles that ensure people with can connect with the programs they need and want as quickly as possible. Access protocols clarify how people are supported to access the right programs at the right time – essentially, rationalizing and streamlining who gets access to what, when and why. These protocols also clarify how people can access other community resources to address their needs. In some situations, the best way to resolve a housing issue is through a warm referral to another community system; access and referral protocols help to facilitate this process.

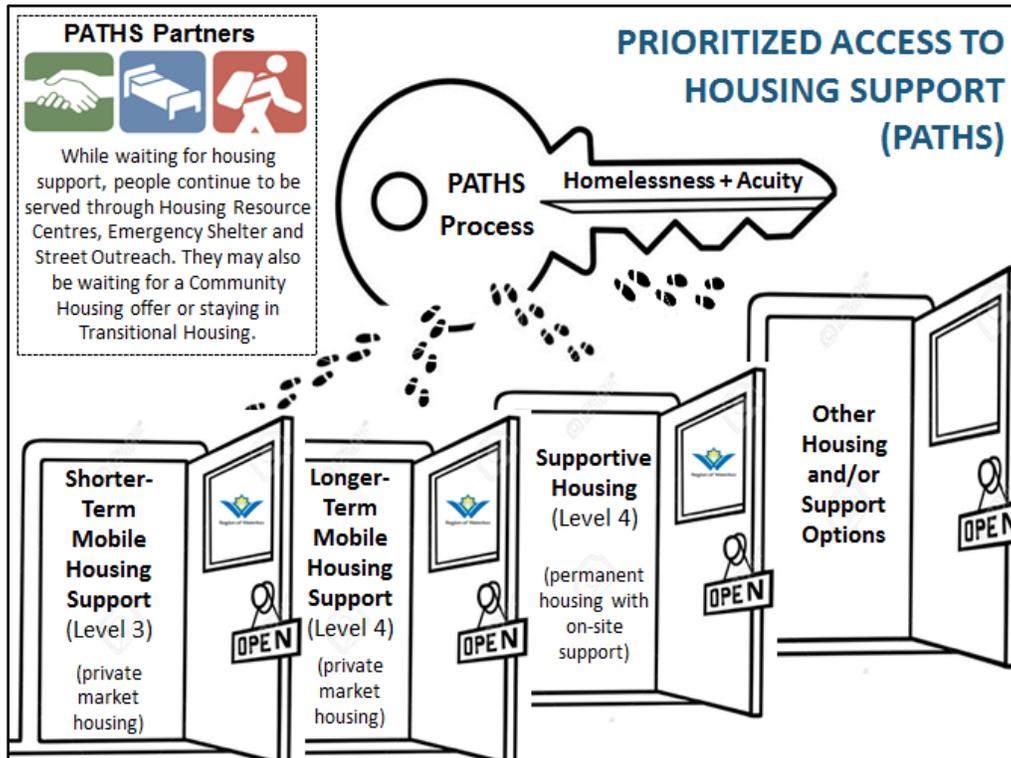
2.2 PATHS Process Overview

The PATHS process includes four main steps (for more detail, see **Figure 1** and **Figure 2** and a description of each step that follows). People experiencing homelessness are assessed for eligibility at defined access points across the system, using a common assessment tool. If people are eligible, they join the PATHS List. The next step is to get offer-ready with support from PATHS Partners (Service Providers that help people to move forward with their Housing Plan while they wait) and Service Navigators (on the PATHS Team). Once offer-ready, people are matched with a housing support vacancy and prioritized for an offer. In the final step, Housing Liaisons (on the PATHS Team) support people to transition to their new home.

Figure 1. Chart of PATHS process.

PATHS Process: Coordinated Access to Housing Support	
Engagement – Not (Yet) Part of PATHS Process (BY-NAME LIST) Consider being part of the PATHS process while accessing Level 2 programs.	
STEP 1 – APPLY FOR HOUSING SUPPORT (PATHS LIST)	
Part A: Housing Support Application Form (general information, eligibility, consent)	} Housing Support Application Package (3 Parts)
STEP 2 – BECOME OFFER-READY (WITH PATHS PARTNERS)	
Part B: Vacancy Matching Form (service needs/preferences) Part C: Other Documentation (secondary eligibility, if applicable)	
STEP 3 – WAIT FOR INVITATION (OFFER-READY LIST) Wait to be matched with a Service Provider and prioritized for an invitation. Matching follows notice of housing support vacancy by Level 3 or Level 4 program.	
STEP 4 – TRANSITION TO NEW HOME (WITH PROVIDER/LANDLORD) Receive help from the PATHS Team to consider an invite, connect with new Service Provider/landlord, and move-in; informed by Housing Support Agreement.	
REMOVING PEOPLE FROM PATHS PROCESS – 3 REASONS:	
1. HOUSED STATUS: (a) Self, (b) Level 2 Help, (c) Mobile Shorter-Term Support, (d) Mobile Longer-Term Support, (e) Supportive Housing, (f) Other System of Support	
2. INACTIVE STATUS: No Contact 90 Days 3. OTHER: (a) Death, (b) Moved, (c) Withdrawn	

Figure 2. Diagram of PATHS process.



These four steps are outlined in more detail below and then further explained in section 2.3 within the context of quality components to coordinated access. For a complete illustration of the PATHS process in the context of the local Housing Stability System, see **Appendix A** (PATHS Process: Supporting People with Greater Depth of Need to Find Housing).

Step 1: Applying for Housing Support

Participants are added to the PATHS List after they complete the Housing Support Application Form. This form is used to collect three kinds of information:

- Household demographics and housing history.
- Confirmation of eligibility:
 - Be currently living without permanent housing;
 - Have exhausted a market rent search;
 - Have high or medium level of acuity;
 - Agree to in-home visits;
 - Have lived in Waterloo Region for at least one year (currently or in the past); and
 - Consent to service.

Locally, the Service Prioritization and Decision Assistance Tool (SPDAT²) is the common assessment tool used to assess acuity. More specifically, people are supported to complete either the Vulnerability Index-SPDAT pre-screen or the Full SPDAT assessment when it seems like more support is 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.

PATHS Partners and Service Navigators (on the PATHS Team) work together to help people apply for housing support. Where a PATHS Partner has taken the initial lead in this process, a staff member from that agency will be identified as the primary contact for follow-up by the PATHS Team. For example, if a person is currently staying at an Emergency Shelter when they apply for housing support, the staff member who has submitted the Housing Support Application Form may be identified as the primary contact and part of the circle of support.

Where people are eligible in housing support, being part of the PATHS process is recognized as a next step in an individualized Housing Plan. It is never the only step in the process of helping people to find housing. The expectation is that PATHS Partners will continue to support the

² This tool supports an evidence-informed approach to assessing strengths and vulnerabilities in five areas of life that impact housing stability: (1) homelessness and housing history; (2) wellness (e.g., trauma, substance use, mental health, physical health); (3) risks (e.g., interaction with emergency services); (4) socialization and daily functions (e.g., social network, self-care); and (5) family dynamics (e.g., age, number of children). There is a pre-screen and full assessment, both of which are tailored to youth, single adults, and families.

people they are serving to actively engage in the housing search process while they wait for a housing support offer through the PATHS process.

Step 2: Becoming Offer-Ready

Participants are considered offer-ready when they complete a Vacancy Matching Form and, where applicable, provide other documentation. The Vacancy Matching Form includes information about people's service needs and preferences, which assists with the matching process (e.g., the type or location of housing they would be willing to move into). Other documentation could include things like verification of a serious mental health issue or other "secondary" eligibility criteria that is needed for some housing support options. The goal at this stage is to have all of the information required to ensure a good match between the household that needs housing support and the Service Providers that have housing support to offer. Where possible, it is preferred that a Full SPDAT assessment is completed as part of this process, rather than relying on the more limited VI-SPDAT score to inform prioritization.

Step 3: Waiting for an Invitation (Offer-Ready List)

Once people are offer-ready, they transition from the PATHS List to the Offer-Ready List. They wait to be prioritized for vacancies that arise in one of the service doors illustrated in **Figure 3**. Following notice of a housing support vacancy, the Offer-Ready List is used to identify people that are a good match based on what they identified on their Vacancy Matching Form. Only households in the matched pool are prioritized for an offer using a defined set of factors.

Step 4: Transitioning from Homelessness to a New Home

Once people have been prioritized for an invitation of housing support, they are supported to consider the offer, connect with their new Service Provider/landlord, and move-in to their new housing. Once they are housed, they are removed from the PATHS process.

Step 4 is informed by individualized Housing Support Agreements. Given the wide variability in people's service needs and preferences, these Housing Support Agreements can look very different between people offered the same space or unit and also between different offers of housing support for the same household. The process is designed to be very person-centered and supportive. People are fully informed of their options and coached along their service pathway. For some, this process is straightforward and can be completed within a short period of time. Others benefit from a wider circle of support, longer period of engagement, and longer transition period once housed.

In general, step 4 includes a series of meetings between the person or family, the workers in their circle of support (e.g., staff from a PATHS Partner who has an existing relationship with the person or family, their Service Navigator and/or Housing Liaison from the PATHS Team) and

the Service Provider/landlord making the offer. People are supported to view units, visit with their new Housing Support Coordinator, and transition to their new home. A Support Plan is developed once they agree to move forward with an intake. The first goal for these plans is to ensure a successful move-in period for the person or family. This could take several months, particularly for people who have lived without permanent housing for many years and have more skills or experience oriented to surviving on the streets rather than living in housing.

In order to ensure that people are not “screened out” or denied offers of housing support, any “secondary” eligibility criteria (those specific to each Service Provider) must be documented in advance of vacancies being filled and these policies must be consistently applied. Transparency is key to ensuring integrity to a process designed to be highly accessible, free from discrimination, and trauma-informed. Where barriers to service are identified in step 4, the PATHS Team will work with Service Providers to reduce them.

Removing People from the PATHS Process

There are three reasons why a household may be removed from the PATHS process:

- **They may be housed.** They may self-resolve their homelessness, accept a housing support offer from a Region-funded program (Housing Help in Level 2; Portable Home-Based Support Team or Supportive Housing through the PATHS process) or another community system (e.g., mental health and addictions).
- **They may become inactive.** People are removed from the PATHS process if they have had no contact with the Housing Stability System for 90 days.
- **Other verified reason.** Other reasons why people may be removed include death, moving out of the community or withdrawing consent to being part of the process.

2.3 Components of Quality Coordinated Access to Housing Support

In general, quality coordinated access to programs is a process that is equitable, effective, efficient, and transparent. As summarized in this section, the local PATHS process of coordinating accessing to housing support is based on current best practices related to the following components of quality:

1. Offer in a system of care supported by a centralized database;
2. Maintain real-time data about people currently experiencing homelessness;
3. Maintain real-time data about capacity to serve in a centralized database;
4. Maintain real-time data about unmet service need and preferences;
5. Include clear access points for engaging with coordinated access services;
6. Use common assessment to determine eligibility;
7. Match households to vacancies and then prioritize using a standardized protocol;
8. Prioritize households for invites using a standardized protocol;
9. Refer to Service Providers using a standardized protocol; and

10. Problem-solve using case conferencing strategies and by being data-informed.

For more detailed information about the core elements that support the PATHS process in Waterloo Region, see section 5.

2.3.1 Offer in a system of care supported by a centralized database

Coordinated access to programs is a cornerstone of a well-designed system of care. Best practices in preventing homelessness and ending chronic homelessness include having a shared goal and coordinating access to programs at the systems-level to achieve that goal. Progress is measured, monitored, and shared to adjust course as needed throughout the process.

While systems are made up of different programs and Service Providers, they need to operate as an integrated whole to function effectively. For example, Service Providers should be unified through a shared program delivery framework where everyone works toward common goals for the people they serve. See section 4 for more information about the local Housing Stability System and how it is unified through a program delivery framework anchored by progressive engagement and common goals outlined in the 10 Year Plan. The PATHS process plays a key role in the local system of care by coordinating access to housing support for people experiencing homelessness with greater depth of need.

The Homeless Individuals and Families Information System (HIFIS) is the local Homeless Management Information System (HMIS) for the Housing Stability System. HIFIS is a data collection and reporting tool that records information about people experiencing homelessness and their service use within a system of care. People must consent to this process. They agree to provide information that will be added to the database and shared with other Service Providers who have access. HIFIS includes information about the programs people are accessing both current and past, as well as information about programs they are waiting to access in the future (waiting lists). Data are limited to people experiencing homelessness that have accessed programs and have consented to having their information in the database. More than likely, data from HIFIS is an under-representation of the true extent of homelessness. For example, HIFIS does not include people experiencing hidden homelessness who have never accessed services.

It is a best practice to have an HMIS that is web-based and used by all Service Providers in a system, as this offers the most comprehensive assessment of homelessness and service use patterns across a community. As described more fully in section 6, work is underway to transition to HIFIS 4, the web-based version of the software, over 2018/19. When the transition is complete, all Region-funded housing help and housing support programs will be included in the database.

2.3.2 Maintain real-time data about people currently experiencing homelessness

A centralized By-Name List serves as the foundation of coordinated access to programs designed for people experiencing homelessness because it identifies everyone who may be eligible for them (see “Engagement” in **Figure 2**). Identifying whether or not they are eligible for a variety of programs is the primary value of a By-Name List to individual households.

However, a By-Name List is also valuable at a systems-level. Having a real-time (or “live”) list of homelessness makes it possible to quantify homelessness at any point in time. Trends in the number of people who are newly homeless or returning to homelessness (“inflow”) and the number of people who have been housed (“outflow”) can be used to measure performance or progress with ending homelessness across the system and estimate future rates of homelessness in the community. Ultimately, this information can be used to course correct so that a community can reach its goals. The By-Name List data points that support these system-level analytics are identified in **Table 1**³.

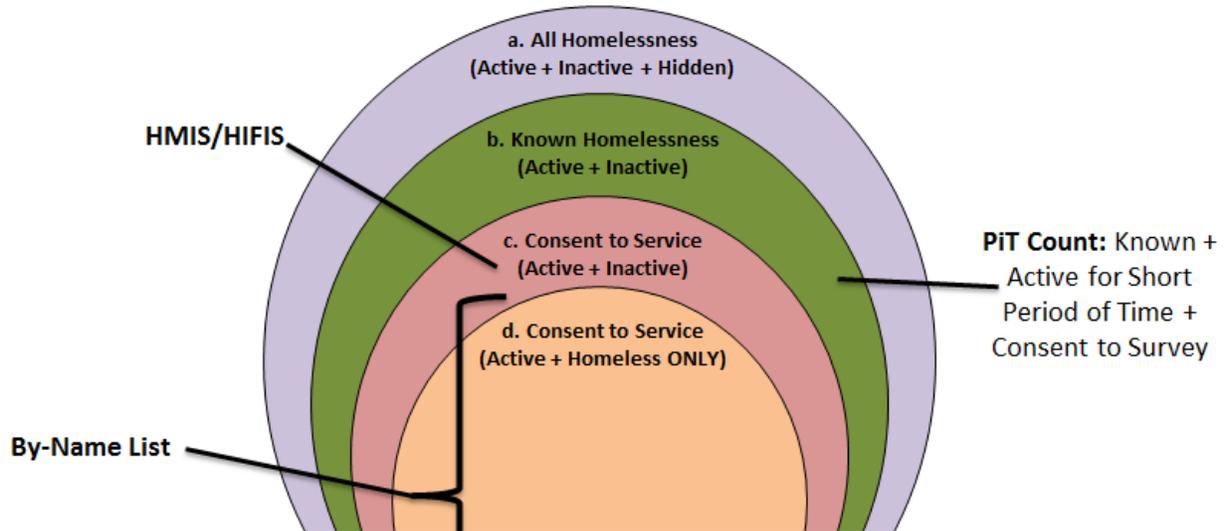
Table 1: Data points of a quality By-Name List.

Data Category	Data Point
Inflow into Homelessness (added to By-Name List)	1. # Homeless (on By-Name List) 2. # Returned to Homelessness from Inactive Status 3. # Returned to Homelessness from Housed Status
Outflow from Homelessness (removed from By-Name List)	4. # Moved from Homelessness to Inactive Status 5. # Moved from Homelessness to Housing: a) Self-Resolved Homelessness b) Housed through Housing Support Program

Figure 3 below illustrates how the different levels of data fit together, from all homelessness (active, inactive and hidden) to all known homelessness (where a household has accessed a program at some point), to an HMIS like HIFIS (where consent is given to include information in a database), and to a By-Name List (current, real-time enumeration of homelessness). **Figure 3** also identifies the connection between a Point-in-Time Count (PiT Count) and these levels of information. A PiT Count measures the number of people experiencing homelessness within a short period of time (usually a day) that have consented to being surveyed. With consent, PiT Count data may be added to an existing HMIS.

³ Adapted from the 20,000 Homes Campaign By-Name List Question and Answer Document

Figure 3. How levels of data fit together (all vs. known homelessness and PiT Counts, HMIS/HIFIS, By-Name List).



2.3.3 Maintain real-time data about capacity to serve in a centralized database

A By-Resource List is the complete inventory of programs accessed through the coordinated access system. This inventory can include Service Providers funded by the same source or different sources. A By-Resource List identifies any “secondary” eligibility criteria specific to each resource – who it is designed for and the factors that need to be used in the matching process to ensure only households that need and want that particular Service Provider are prioritized for an offer when a vacancy becomes available. For example, the By-Resource List needs to include information about which spaces are limited by age mandates (e.g., youth 16 years and older, seniors) or geographic locations (e.g., Supportive Housing building in Cambridge). For building-specific resources like Supportive Housing and units with dedicated housing support, more detail may be required. For example, some buildings or units have mobility limitations (e.g., accessible only by stairs) and others have specific on-site amenities (e.g., help with medication or meals).

As described more fully in section 5, the local PATHS process coordinates access to programs funded by the Region and other funders. The PATHS By-Resource List includes the following housing support programs:

- **Housing support** (capacity of Housing Support Coordinators on the Portable Home-Based Support Team; housing support may be paired with rent assistance);
- **Units/spaces in buildings with dedicated on-site support** (Supportive Housing); and
- **Other housing with support options** (e.g., support dedicated to Community Housing units from other community systems).

The PATHS By-Resource List forms part of the new Integrated Housing System (IHS), a database that will be hosted and administered by the Region to replace the software used by the Community Housing Access Centre called YARDI sometime over 2018/19.

2.3.4 Maintain real-time data about unmet service needs and preferences

The PATHS List is a sub-set of the By-Name List (see “Engagement” in **Figure 2** presented earlier) and the Offer-Ready List is a further sub-set of the PATHS List. Both are centralized in HIFIS. Each list is defined further below:

- **Being on the PATHS List** means that households meet the eligibility criteria and have applied for housing support using the Housing Support Application Form. This is identified as Step 1 in **Figure 2**. Following this, households are supported to become offer-ready; this is identified as Step 2 of **Figure 2**.
- **Being on the Offer-Ready List** means households have completed all mandatory forms and documents, including the Vacancy Matching Form which collects information that helps automate the process of filling vacancies by knowing what services people need and want based on what is currently available in the PATHS By-Resource List. This is identified as Step 3 in **Figure 2**. Households on the Offer-Ready List wait to be matched with a housing support vacancy. When a housing support vacancy becomes available, HIFIS has an automated process for filtering the entire list of households waiting for housing support so that only those that meet “secondary” eligibility are selected for prioritization. This ensures an efficient vacancy filling process.

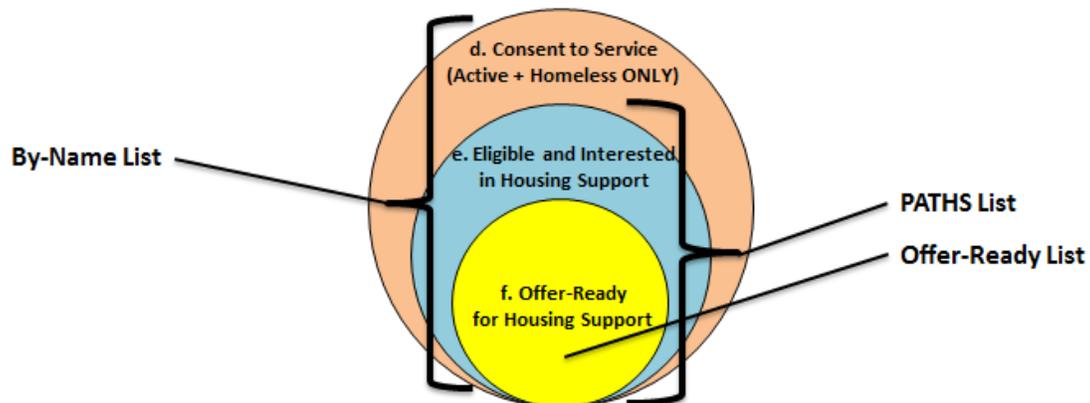
Basing the Offer-Ready List on a By-Name List of active households is a best practice. It ensures that people can be located in a short period of time given their active homeless status and recent engagement with PATHS Partners. This makes it possible to transition people from homelessness to housing more quickly and efficiently. Basing the Offer-Ready List on the PATHS List is also a best practice. It ensures that offers of housing support are matched appropriately to people’s needs and preferences and that they have already completed any mandatory documentation. Again this makes it possible to transition people from homelessness to housing more quickly and efficiently. It also makes housing support more effective because only those who are a good match for each vacancy are considered for an invite.

Some communities collect information about service needs and preferences that can’t yet be met as the system is currently designed or through the way funding is currently allocated. Simply stated, some people experiencing homelessness need something different than what is available to them right now and their homelessness won’t end until this service gap is closed. The purpose of including information about what people need and want on the Vacancy Matching Form, even when it doesn’t yet exist, is to better understand these gaps. This information can then be used to advocate for new resources, shift current allocations and/or

change policies and protocols to better align with the actual, real-time demand for programs. Using data in this way also represents a best practice.

Figure 4 expands on Figure 3 by distinguishing between a By-Name List (the real-time or active list of people experiencing homelessness) from both the list of people who are eligible for housing programs accessed through a coordinated process (locally, PATHS List) and the list of people who are offer-ready (locally, the Offer-Ready List).

Figure 4. Levels of data: By-Name List, PATHS List, and Offer-Ready List.



2.3.5 Include clear access points for engaging with coordinated access services

An access point refers to how a person or family experiencing homelessness can be identified and assessed for program eligibility within a defined geographic area and, where eligibility has been confirmed, how they can be supported to move forward with the next steps in the process. Access points can be virtual (i.e., on-line), phone-based (e.g., 211 services), mobile (e.g., Street Outreach or Service Navigator), or at physical sites in the community (e.g., shelters, drop-ins). Physical sites should be located throughout the entire geographical area of a community, ideally where people are already connecting with other community resources (e.g., community centres or other service hubs). All people experiencing homelessness must have equitable access to coordinated access sites, regardless of the way that sites are organized in the community. This includes, but is not limited to, people experiencing chronic homelessness, youth, veterans, families, and people who identify as First Nations, Metis, and Inuit.

Access points may be either: **(1)** centralized with one Service Provider (i.e., people must go to one place for help) or **(2)** decentralized across a number of Service Providers that provide the same or different kind of housing stability program (i.e., “no wrong door” approach – people can go to several places for help). Each model is described further below.

1. Centralized Process – One Service Provider/Agency and Housing Stability Program

Type: With a centralized process, one Service Provider or lead agency fulfills the function of coordinated access independently. They offer one type of program, like a Housing Resource Centre or dedicated Community Housing Access Centre. Staff receive and process all referrals for programs. If an intake is required, staff facilitate the process. Where demand exceeds capacity to serve, the Service Provider or lead agency administers the coordinated access waiting list. Activities associated with waiting lists include supporting applications, managing waiting lists, matching people with available resources, prioritization people for offers (if applicable), facilitating the offer process, and removing people from the list once they have secured what they need.

2. Decentralized Process – Many Service Providers/Agencies and One or More Housing Stability Program Types:

With a decentralized process, many Service Providers or agencies fulfill the function collaboratively. Each Service Provider or agency receives and processes referrals using the same approach. These Service Providers could offer the same kind of program, like an Emergency Shelter. Or they could offer different kinds of programs, like Emergency Shelter and Street Outreach. If an intake is required, staff facilitate the process by following a referral protocol. There is typically no further connection to the individual or family following a warm referral. Waiting lists for service are typically administered separately for each housing resource rather than centralized.

Locally, the PATHS process is based on a decentralized coordinated access approach. People are confirmed as eligible for housing support at five access points referred to as PATHS Partners – Housing Resource Centres, Emergency Shelters, Street Outreach, Community Housing Access Centres, and Transitional Housing. These sites are coordinated in how they support next steps. Using the same tools and protocols, PATHS Partners help people to identify their interest in a housing support program, provide necessary consents, and apply to get added to the PATHS List. Each agency has staff trained to administer the common assessment tools – this role is referred to as a “Registered SPDATER”. All Registered SPDATers follow the same steps and attend the same training, offered through the local Homelessness and Housing Umbrella Group (HHUG).

Where people are not currently connected to the Housing Stability System, staff from the PATHS Team are able to assist. For example, if the person is staying in the hospital or incarcerated, they are supported by a Service Navigator to assess for eligibility and, where eligible in housing support, apply for housing support and get added to the PATHS List.

2.3.6 Use common assessment to determine eligibility

Coordinated access requires the use of a common assessment tool so that there is a shared approach to understanding of people’s depth of need. Tools specific to housing stability

typically include measures for assessing current housing situation, service needs, vulnerability and risk of harm, and risk of continued or future homelessness. Questions can be adjusted for specific populations, including youth and families. As identified earlier, the SPDAT is the common assessment tool used in the local Housing Stability System; see **Appendix B** (How SPDAT Informs Progressive Engagement) for more information.

During the assessment process, people are in control of their information. They can refuse to answer questions without limiting access to other forms of assistance in the Housing Stability System. They decide what gets included in HIFIS (and, by extension, the By-Name List) and what information is omitted. Assessments must be conducted in safe and private settings to allow people to feel more comfortable with sharing sensitive, confidential information. While assessment scores provide a standardized analysis of need for housing support, scores alone should not determine prioritization. As outlined below, other factors also inform the process.

If a household refuses to complete the assessment tool but provides their consent to be added to the PATHS List, their information may be added as a “documented refusal”. PATHS Partner staff and Service Navigators should continue to engage with the household to complete a SPDAT when possible; until that point, other factors (e.g., chronic homelessness) may be used to inform the prioritization process.

2.3.7 Match households to vacancies and then prioritize using a standardized protocol

When a vacancy becomes available (from the PATHS By-Resource List), two things happen. First, people on the Offer-Ready List are filtered to ensure that only those who would be a good match with the Service Provider are considered for an offer.

Two questions guide this process:

1. Do they meet the “secondary” eligibility criteria specific to this vacancy?
2. Have they expressed interest in this vacancy?

If the answer to both of these questions is yes, then the household is considered a match for the housing support vacancy and they are included in the prioritization process. The list of matched households is then rank ordered using defined, agreed-upon factors. That is, specific factors are used to determine how people will be rank ordered for an offer – from highest priority to lowest priority. Highest priority households get access to resources before lower priority households. People with higher service needs and levels of vulnerability are supported to end their homelessness before those with lower service needs and levels of vulnerability. See section 2.3.8 for more information about the factors used locally in the PATHS process. The prioritization process must be transparent and documented in a protocol. For greater fairness and equity, rules must be applied consistently across the geographic area and for all populations. It is also best practice to support the prioritization process with strong

engagement and service navigation (e.g., specialized staff role that works in partnership with staff who have existing relationships with people waiting on the PATHS List), case conferencing (e.g., to support creative problem-solving), and data about inflow and outflow (e.g., using data dashboards to compare trends over time by different groups). See section 2.3.10 for more information about plans to incorporate these best practices in the local PATHS process.

2.3.8 Prioritize households for invites using a standardized protocol

Central to prioritization is the matrix used to determine how households that have been matched with a housing support vacancy are rank ordered for an invitation. This matrix forms the foundation of the prioritization protocol. Through community consultation, three priority populations were confirmed for the local Housing Stability System:

- **First Priority** – people with greater depth of need who are experiencing chronic homelessness. Prioritizing people with greater depth of need is widely endorsed as a best practice across North America. Prioritizing chronic homelessness is a policy direction from the Province.
- **Second Priority** – people who are highly vulnerable and have less ability to survive homelessness; defined as people with multiple disabilities (mental health, physical health, and substance use issues), people involved in higher risk and exploitive situations that put safety at risk (theirs and the safety of others) and/or people who have exhausted most of their sheltering options in Waterloo Region and have nowhere else to go that is safe and appropriate.
- **Third Priority** – people who have been living without housing the longest; people living in unsheltered locations and/or staying in Emergency Shelter are prioritized first.

See **Table 2** below for an illustration of the matrix and **Appendix C** (PATHS Process Priority Populations) for more detail.

Table 2. PATHS process priority populations.

Category	Level 3 Factors	Level 4 Factors
(A) Acuity and Chronic Homelessness	Medium Acuity AND Chronic Homelessness	High Acuity AND Chronic Homelessness
(B) Specific Vulnerables	Tri-Morbidity Elevated Risk Critical Safety List	
(C) Housing History	Length of Time Living Without Permanent Housing	

2.3.9 Refer to Service Providers using a standardized protocol

Referral protocols describe how people are invited to consider an offer following the matching and prioritization process. It involves the Service Provider getting connected with the household and making the offer of support, typically in a meeting. The Service Provider offering the support usually contacts the worker that has been supporting the household through the coordinated access process, and this worker helps to set-up a meeting. In the case of a Supportive Housing offer, the referral protocol includes a tour of the building. Further exploring service needs and preferences are part of the conversation. This information helps to build the Support Plan, with the initial goal of ensuring a successful move-in period for the person or family.

Locally, the referral process is outlined in a Housing Support Agreement which includes several parts (e.g., invitation, tour/interview, follow-ups, intake, and move-in transitions). The end result is either an acceptance or declining of the housing support offer. Households are never “screened out” of this process based on perceived issues with service needs including but not limited to: lack of interest in receiving services beyond Housing Support Coordination and home visits; substance use; mental health issues; domestic violence history; history of evictions or poor credit; lease violations or history of not being a leaseholder; criminal record; sexual orientation; and/or identity as First Nations, Metis or Inuit. Rather, the intention is to problem-solve about how needs can be met by the Service Provider, identify an existing circle of support, and to explore what new supports should be coordinated as part of a Support Plan.

2.3.10 Problem-solve using case conferencing strategies and by being data-informed

Case conferencing provides a forum for specialized problem-solving throughout the PATHS process. It is a flexible strategy that helps to create and implement person-specific engagement strategies, breaking down the barriers to getting offered housing support one person or family at a time. Through case conferencing, people’s unique vulnerabilities, complexities and risk factors are explored in an open space with Service Providers and system partners that have existing relationships or connections with the household, as well as others who wish to contribute to the process. PATHS Partners and other system partners (such as representatives from local hospitals, police or the mental health and addiction system) meet as needed to generate new ideas and increase innovative thinking about how to end the homelessness of people engaged in the PATHS process who are facing barriers (e.g., getting matched, being prioritized, or moving to the offer stage as part of a Housing Support Agreement) or waiting for a longer time than others with a similar depth of need. Case conferences can also focus on access issues (e.g., getting on the By-Name List or PATHS List) and supporting people while they wait for an offer (e.g., through Critical Safety Plans). The general approach is to attempt to resolve challenges internally (e.g., discuss informally between Housing Stability Service

Providers) before other system partners are asked to engage in case conferencing or another similar intervention (e.g., Service Resolution or Connectivity Tables).

Data is used to support problem-solving wherever possible. For example, data about matching and prioritization is reviewed over time to ensure that people waiting for housing support are proportionately represented in various ways. There are two categories that are of particular interest in this analysis: **(1)** by acuity and **(2)** by different household types/population groups. Each is described further below.

- 1. Medium or High Acuity:** The number of people with medium to high acuity who are housed through the PATHS process should be aligned with the relative demand for each type of resource on the PATHS List. That is, housing outcomes over time should not lead to a disproportionate number of people with medium vs. high acuity who are waiting. The challenge is to offer enough shorter-term housing support to people with medium acuity so that they don't become more vulnerable and "age into" chronic homelessness while they wait, while also housing enough people with high acuity who are already experiencing chronic homelessness before their situation becomes more critical. Until systems have enough capacity to reach and sustain a "functional zero" for homelessness, this will be an ongoing issue to manage.
- 2. Household Types/Population Groups:** The number of youth, single adults, families, and people who identify as First Nations, Metis or Inuit who are housed through the PATHS process should work toward the goal of having the same proportionate number of people on the PATHS List as exists in Waterloo Region as a whole (e.g., based on the most recent Census or other data source). That is, housing outcomes over time within each group should not lead to a disproportionate number of youth, single adults, families or people who identify as First Nations, Metis, or Inuit who are waiting compared to how many people from these groups currently live in Waterloo Region. The challenge is to have the right capacity to serve each group (the PATHS By-Resource List) and the right prioritization factors in place to support greater equity in housing outcomes over time, so that certain household types and population groups are not further marginalized through the PATHS process.

SECTION 3: BACKGROUND TO THE PATHS PROCESS AND NEW POLICY DIRECTION

This section provides additional context and background to the PATHS process. It describes how the 20,000 Homes Campaign influenced the development of the PATHS process and how it evolved over time to meet the need for coordinated access to all Region-funded housing support programs using a service delivery model called progressive engagement (see section 4 for more information about this systems-based approach).

3.1 Local Housing Stability System Assessment and Redesign

The need for improved system-level coordination was formally identified by local stakeholders in 2014 when challenges with how people were being supported to access programs and transition between them was rated as the top priority for action at a community forum. Although primarily related to a lack of housing stability resources, these challenges were linked to how people were being supported to access the housing resources that were currently available. Stakeholders shared that they did not believe people were being supported to access the right resources at the right time, and that creating more seamless transitions between programs and systems was a critical next step for strengthening the system as a whole.

In order to improve system-level coordination within and between programs, key parts of the local Housing Stability System began to be redesigned. This included an enhanced focus on coordinated access to housing help through the Housing Resource Centres in 2013 (e.g., expanding service in Cambridge and centralizing the Rent Fund to one lead agency) and for families between 2013 and 2015 (e.g., a family shelter diversion pilot that led to a new multi-agency triage approach called Families to Homes), a new Supportive Housing Program Framework in 2014 with the new program being launched in 2016, the Region's on-line Renter's Toolkit in 2016, a new Emergency Shelter Framework in March 2017, a new PATHS Framework (the current document) in December 2017, a new Portable Home-Based Support Program Framework also in December 2017, and a new Waterloo Region Housing Master Plan anticipated in the spring of 2018.

3.2 Evolution of the PATHS Process up to Spring 2017

The local PATHS process has evolved significantly over the last three years. The process began in 2014 when the Region joined the 20,000 Homes Campaign, organized by the Canadian Alliance to End Homelessness (CAEH). The 20,000 Homes Campaign is a national movement of communities working together to permanently house 20,000 of Canada's most vulnerable people experiencing homelessness. While the original timeline for this initiative was July 2018, it has since been extended to July 2020 with a focus on ending chronic homelessness in twenty communities.

The campaign includes the following seven community commitments:

- Know individuals and families experiencing homelessness by name; understand their service needs and preferences.
- Use a common assessment tool to help prioritize access to housing support.
- Take urgent action to house and support individuals and families surveyed through the Registry Week process, including setting time-bound goals.
- Implement Housing First in a way that makes sense for the local community.
- Adopt a coordinated, systems-based approach.
- Track progress and use data to inform decisions that improve programs and the system.
- Learn from other communities across Canada.

Waterloo Region was the first community in Canada to join the campaign and pilot a Registry Week⁴. Through this local event, more than 80 volunteers canvassed the community on November 30 and December 1 to identify every person experiencing homelessness by name and administer a short housing survey. The local Registry Week event had an initial goal to support 40 individuals with the greatest depth of need (measured by the SPDAT) to find housing as quickly as possible over the winter of 2014/15. Following the event, staff across various agencies reviewed the Registry Week list and worked to reduce it to only those with the highest acuity. This refined list was then used to prioritize access to new housing resources. With this focused effort, the initial goal to house 40 people was exceeded with 50 people housed.

In June 2015, a PATHS Coordinating Group (PATHS CG) was formed to convert the Registry Week list into a “real time” By-Name List of active households experiencing homelessness who were eligible in housing support. This group supported administration of the waiting list, referral protocols, evolved matching prioritization and helped to develop a Process Guide to document these new policies and practices.

At this point in the process, the purpose of the By-Name List was to prioritize offers of housing support (STEP Home) and the eight spaces of support and rent assistance offered by [Thresholds Homes and Supports](#) (Thresholds, a program for people with serious mental health issues). Prioritization factors for these resources included high acuity, longer lengths of time homeless, emergency shelter use, connection to other crisis services, and worker insight and knowledge. To be eligible for the Thresholds housing support and rent assistance, people needed to have a serious mental health issue (“secondary” eligibility criteria).

⁴ For more information about the first Registry Week, see the Region’s website.

In April 2016, the process evolved again by expanding coordinated access to the newly redesigned Supportive Housing program where households with high acuity were eligible in permanent housing with on-site support. Then, in the fall of 2016, a STEP Home pilot was launched in Cambridge as a demonstration project for how a team-based approach with specialized staff roles could improve access to Portable Home-Based Support and housing outcomes. These roles included Team Lead, Team Coordinator, Housing-Focused Street Outreach, Housing Liaison, Housing Support Coordinator, Peer Worker, and General Street Outreach. The Cambridge STEP Home pilot included access to Flex Funds that could help with getting offer-ready, move-ins to new housing, and other housing-related expenses (e.g., repairs to units).

Later in 2016, coordinated access to housing support was officially named the Prioritized Access to Housing Support or PATHS process. A brochure was released to communicate how people were being assessed, matched and prioritized for housing support programs funded by the Region. During this time, the Region was receiving regular coaching as part of its participation in the Institute on Global Homelessness up to the spring of 2017.

3.3 PATHS Framework Development in 2017

A number of changes influenced the PATHS process over the spring and summer of 2017 that helped to shape the new policy direction outlined in the PATHS Framework. These changes are summarized below.

- **Added PATHS Planner.** In February 2017 the Region (Housing Services) dedicated a Social Planning Associate to the PATHS process as part of its work to better integrate housing and homelessness within one central division.
- **Focus on Rent Assistance.** In March 2017, findings from a local research project were released⁵ that emphasized the importance of pairing housing support with rent assistance to making housing more affordable in the private market. Participants who were receiving rent subsidies improved dramatically in terms of housing stability, while those who were not receiving rent subsidies actually showed a decline over the time period. The Region had already increased capacity to offer rent assistance in STEP Home earlier in 2016 – both increasing the number of spaces from 40 to 100 and the amounts available per household. Rent subsidy amounts were again increased in the fall of 2017 to facilitate greater access to units in the private market. More work is needed to streamline internal processes related to coordinating access to rent assistance paired

⁵ Pankratz, C. & Nelson, G. (2017). “An Evaluation of Rent Assistance for Individuals Experiencing Persistent Homelessness in Waterloo Region”. Waterloo, ON: Wilfrid Laurier University.

with housing support; this work will form part of the PATHS Framework implementation activities.

- **Focus on Teams.** In April 2017, the Region released an evaluation of the first year of the Cambridge STEP Home pilot. The pilot included a new co-located, team-based approach to service. On the team, staff with specialized roles helped people at various stages along their service pathway. Some roles focused primarily on the application process for housing support, helping people get offer-ready, connecting with landlords, and supporting matching and prioritization. Other roles helped participants to stay housed after their move-in to new housing. Overall, results from an evaluation conducted within the first year of the pilot showed that the new approach to service was working well. The team exceeded expectations with the number of people housed and landlords were satisfied with the pilot. Staff shared that working together as one team improved communication and consistency in the overall approach and increased focus on reaching housing-related goals.
- **Service Navigation Support.** In the spring of 2017, two workers who had been supporting implementation of the redesigned Supportive Housing program were reallocated to support the PATHS process in Kitchener-Waterloo more generally. Their roles helped to clarify the importance of having a dedicated focus on providing seamless service to people along their service pathway, from engagement in the PATHS process through to move-in to new housing.
- **Include All Household Types.** Another change in mid-2017 was the addition of Families to Homes to the PATHS process, where previously access to housing support for families with high acuity was coordinated separately through another access point. This meant that the PATHS process was now inclusive of all household types – youth, single adults, and families.
- **Meeting Quality Expectations.** In August 2017, Waterloo Region joined a small but growing number of communities across North America that have a validated “quality By-Name List”. To achieve this milestone, Community Solutions confirmed that the PATHS List met ten best practice measures using an evidence-informed scorecard. With a quality By-Name list in place, Waterloo Region joined the Built for Zero “reduce” cohort in September 2017 to accelerate the end to chronic homelessness. The focus is now centered around ensuring balanced data, setting reduction goals, accelerating housing move-ins, and monitoring progress. Next steps include expanding use of the By-Name List to help understand the full scope of homelessness and opportunities for prevention; that is, moving beyond focus on its use in the context of the PATHS process.

3.4 Other Influencing Factors

As the local Service Manager, the Region is responsible for system planning, program delivery, accountability/quality assurance, and resource allocation related to housing stability in the local community. As a backbone⁶ for the Housing Stability System, the Region ensures that investments are aligned to create the greatest possible impact in Waterloo Region.

While local planning, program delivery, and quality assurance practices in the areas of housing and homelessness have been in place for the last 15 years or more, the pace of change has intensified in recent years to accommodate new policy shifts at each order of government and in response to other influencing factors. This has increased the need for a more unified program delivery approach related to supporting people with housing issues in Waterloo Region – one that strengthens mutually supportive thinking and doing across all of the programs funded by the Region in the local Housing Stability System.

The key influences that have impacted the development of the PATHS Framework are summarized below.

Regional Policy Shifts

- As part of its Service Manager role, the Region works to **strengthen connections with other community systems and funding partners**. New initiatives increase capacity to serve in a variety of ways. Some of these leverage other funding sources to increase spaces or units within existing programs. Other opportunities complement existing programs with different kinds of services, making it possible to serve people with a broader range of needs. Current partnerships include dedicated support from an agency that supports people with mental health issues who live in two Supportive Housing buildings and dedicated support from agencies supporting people with concurrent disorders who live in two Community Housing buildings. Access to these support options is coordinated through PATHS.
- A number of **human services integration efforts** are currently underway at the Municipal level. Previous to 2015, Service Manager responsibilities related to housing and homelessness were split between two divisions of different departments at the Region. These two divisions have since been merged into a single division called Housing Services with three interconnected teams. Frameworks (policy directions), Standards (service excellence expectations), and Protocols (operational directions) are being

⁶ 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 key roles: guiding vision and strategy; supporting aligned activities; establishing shared measurement practices; building public will; advancing policy; and mobilizing funding.

revised to ensure a more cohesive approach to program delivery within the new teams and across the division as a whole.

- Staff within the four divisions of the Region's Community Services Department are also working together to create a more **positive, client-centred service experience** for the people who access one or more of the programs directly operated by the Region. This includes not only Community Housing but also child care subsidies and child care centres, Ontario Works and employment programs, and Seniors' Services Supportive Housing. The goal is to increase client quality of life and satisfaction with Regional services. A number of working groups are meeting to support this new direction.

Provincial Policy Shifts:

- The **Community Homelessness Prevention Initiative (CHPI)** consolidation of provincial homelessness programs took effect in 2013. The policy direction of CHPI is for Service Managers to design and implement better coordinated and holistic service delivery systems that are people-centred, evidence-informed, and outcomes-based. Systems are to reflect a Housing First approach, with dedicated focus on homelessness prevention and reducing reliance on emergency services.
- Beginning in 2014, Service Managers have new requirements for enhanced system-level planning and policy development, including creating an integrated local **10 Year Housing and Homelessness Plan** with annual reporting.
- In 2016, the Province set a **goal to end chronic homelessness** by 2025 and identified four priority population groups: people experiencing chronic homelessness, youth, people who identify as First Nations, Metis and Inuit, and people discharged into homelessness from provincially-funded institutions (e.g., hospitals and prisons).
- In 2017, a new funding stream was released called **Home For Good** to support Service Managers with ending chronic homelessness. The Region was successful in its bid for these funds, which will help to support implementation of the HBS Framework.
- The **Investment in Affordable Housing (IAH)** program provides provincial and federal funding to improve access to affordable housing through components that create new rental housing, enable home ownership, repair existing homes, and provide flexible housing assistance.

Federal Policy Shifts:

- The Federal Government will shortly release its new **National Housing Strategy**, which will clarify its role in preventing and ending homelessness, as well as creating new and sustaining existing affordable housing.
- Funding through the **Homelessness Partnering Strategy (HPS)** invests primarily in Housing First initiatives designed to end episodic and chronic homelessness. The Region

is one of 61 communities across Canada that receives HPS funding under this policy direction. The directives require that the Region allocate a minimum of 40 percent of its HPS funding towards Housing First activities. The Region has exceeded this expectation by dedicating all of its HPS funding to Housing First programs. Although current funding agreements end in 2019, the 2017 Federal budget committed \$2.1 billion over the next eleven years, signaling the intention to make HPS more permanent.

- HPS includes software development for a Homeless Management Information System (HMIS) called the **Homeless Individuals and Families Information System (HIFIS)**. The new web-based version of this database (HIFIS 4) will be hosted by the Region. It represents the next phase of system evolution; a single, integrated HMIS for all programs funded by the Region. The Region is a designated Community Coordinator for HIFIS in Waterloo Region, and receives funding to support this role. When implemented, the PATHS Team will use HIFIS 4 exclusively for its day-to-day operations and measuring, monitoring, and sharing progress.

3.5 New PATHS Process Policy Direction

The new policy direction for the PATHS process has been summarized into a phrase that spells **OPEN DOORS** (combining nine interrelated policy statements). The ultimate purpose of the PATHS process is to help open doors to housing for people experiencing homelessness that have greater depth of need.

There are two main parts to the work of opening doors through the PATHS process. The first is to create more housing and/or support options that match what people need and want. The second is to align policies and protocols to reach and sustain a “functional zero” for homelessness in Waterloo Region.

The new policy direction also calls for a region-wide, team-based approach to support the PATHS process (i.e., a new PATHS Team). In general, this approach will allow for a more coordinated and consistent approach where progress with ending chronic homelessness can be measured, monitored, and shared to adjust course as needed. Advantages include better service for participants (e.g., with a consolidated Service Navigator role that serves people across the region; consistency in staff hiring practices, supervision, and training), the ability to maximize rental opportunities (e.g., matching people with vacancies from all three cities and four townships), and a more seamless, supported experience (e.g., engaging with people in a coordinated way with back-up on the team as needed). Landlord networking and strengthening partnerships with other systems will also be easier to facilitate with the consistent messaging and focused accountability inherent to a team-based approach.

The nine policy statements outlined below are designed to work toward this future state.

- **Offer coordinated, people-centred service.**
 - People no longer have to search for programs themselves, tell their story more than once, place themselves on multiple waiting lists or move from program to program before finding the right match.
 - Next steps along a service pathway are informed by people’s service needs and preferences.
 - Processes are guided by region-wide protocols related to eligibility, matching, prioritization, and Housing Support Agreements.
- **Prioritize access to limited housing resources.**
 - Match people with the resources that best meet their service needs and preferences. Then offer them to people with greater depth of need, first.
- **Engage with people throughout the PATHS process.**
 - People are fully informed of their options and coached along their service pathway. For some, this process is straightforward and can be completed within a short period of time. Others benefit from a wider circle of support, longer period of engagement, and longer transition period once housed.
 - Capacity is focused on supporting people. Customized use of technology reduces administrative burden and the time to process applications and fill vacancies.
- **Navigate a clear, short path from homelessness to housing**
 - People are supported to transition from homelessness to housing as quickly as possible.
 - Access points to service are readily available to everyone who needs and wants housing support.
 - Steps within the PATHS process are streamlined using shared, region-wide protocols.
- **Data from the PATHS process is used to inform day-to-day activities of staff.**
 - PATHS Partners and the PATHS Team use the PATHS List to focus staff activities. Working to get everyone offer-ready for housing is a top priority, every day.
 - PATHS Partners and the PATHS Team take urgent action to find housing for everyone on the Offer-Ready List, every day.
- **Offer more resources in the context of progressive engagement.**
 - Seeking access to housing support through the PATHS process is generally not the first step in a Housing Plan. It follows a period of engagement where people are supported with more limited service – like shelter diversion, help through a

Housing Resource Centre or a shelter stay – to see if homelessness can be prevented or resolved without access to more intensive support.

- Being engaged in the PATHS process is never the only step of a Housing Plan. For example, PATHS Partners work to support people to access other safe and appropriate housing options while they wait for an offer of housing support.
- **Offer quality, coordinated access to programs.**
 - PATHS Partners, the PATHS Team, the Portable Home-Based Support Team and Supportive Housing work together to offer seamless service for people across a system of care. Additional partnerships are secured to increase the supply of housing and/or support options access through the PATHS process.
 - Based on a broader real-time list of everyone who is currently experiencing homelessness (By-Name List), maintain a real-time list of people who are eligible for more support (PATHS List) and a real-time list of people who are offer-ready and can be prioritized for housing support and move-in to new housing right away (Offer-Ready List).
 - PATHS Partners and other system partners (e.g., hospitals, police or the mental health and addiction system) meet to generate new ideas and increase innovative solutions for improving service for people who are facing barriers or waiting for a longer time than others with a similar depth of need.
- **Reduce pressure points in the system to speed up “outflow” from homelessness into housing.**
 - Measure, monitor, and share “outflow” trends. Identify when households are waiting longer than average to be served and why.
 - Work to close service gaps for everyone waiting for housing support. Collaborate with community partners to address unmet housing stability needs.
 - Engage landlords in the PATHS process to increase the supply and range of affordable housing options.
- **Slow “inflow” to homelessness.**
 - Measure, monitor, and share “inflow” trends. Identify where, when, and why people are added to the By-Name List.
 - Work to resolve housing issues (prevent homelessness) before people need to engage with the PATHS process to end their homelessness. Connect people with other community resources that can help with finding housing, including those that specialize in addressing complex issues.

SECTION 4: PROGRESSIVE ENGAGEMENT IN THE HOUSING STABILITY SYSTEM

This section provides information about the progressive engagement approach to program delivery in the Housing Stability System. Four questions are addressed: what is progressive engagement in the context of a system of care; why is it being adopted; how does it work (overview of the model); and how is data informing the approach (use of HIFIS and SPDAT). For more information about the information referenced in this section, see **Appendix D** (Overview of Levels of Engagement, Housing Help Hubs, and Housing Stability Programs); **Appendix E** (Progressive Engagement Pyramid) and the **Appendix F** (Progressive Engagement Flowchart).

4.1 What is Progressive Engagement?

Progressive engagement is a systems-based program delivery approach where more extensive service is offered only after attempts to resolve an issue with more limited service has been unsuccessful. For example, a shelter stay is offered only after all other safe and appropriate options are considered. 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, support may lessen over time. 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 and there is a greater likelihood that limited resources will be used effectively across the system. The goal with progressive engagement is to support people to access the most appropriate housing program, at the right time, based on three key indicators – strengths, depth of need, and barriers related to finding and keeping a home. Programs are offered in a defined order, deepening engagement along a person or family’s service pathway by offering more or different kinds of help based on demonstrated need. People’s preferences inform the process; choice within each program is offered wherever possible (e.g., location of housing, staff member on a team).

4.2 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 a home. As a result, people require access to different kinds of programs 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 support (more engagement) to achieve the same outcome. At the level of the system, the progressive engagement model helps with triage or matching people with appropriate programs. For example, some resources in the Housing Stability System are for people who can self-direct their housing search (e.g., 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 (e.g., Level 4 – Supportive Housing).

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 nurtures an environment where people are encouraged to try new things and learn from the process. For example, during emergency shelter inquiries, 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 4.4 below, a common assessment tool informs the process of matching people with the most appropriate type of housing program for their needs at specific milestones along their service experience or pathway. While Service Providers may vary in some ways (e.g., serve different household types – youth, single adults and/or families), the work to help people find and keep a home remains consistent across the system. Consistency is maintained in three main ways: **i)** Service is provided by staff that play defined roles in the system; **ii)** Staff are guided by standardized service plans (Housing Plans, Support Plans, or Critical Safety Plans); and **iii)** Plans focus on key service objectives, which are defined for each program.

4.3 Overview of the Model

This section provides a detailed overview of the progressive engagement model in Waterloo Region. After a general description, the two system functions (see section 4.3.1), four levels of engagement (see section 4.3.2), and ten programs (see section 4.3.3) are described. When the progressive engagement model is fully implemented, there will be two main ways that people can access housing resources. One option will be universal access to self-directed housing resources through an on-line Renter’s Toolkit and on-site 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.

All service **begins** with a conversation that engages people to consider appropriate referrals, if there is another way to meet their needs (i.e., informed and supportive redirection within the scope of coordinated access services). With intentional support for diversion across the Housing Stability System, for example, people don't need to stay in shelter or join a waiting list for service if a more appropriate option is available that can safely 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 service, 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 hotline).

The ultimate goal for all service pathways is to **end** with long term housing stability (e.g., lower depth of need and stable housing). For example, prior to discharge from a housing support program, engagement may decrease for some time while people are supported to transition from the program and connect to other resources in the community. After people exit the Housing Stability System, they may re-engage at any time. They will be supported to access available programs that align with their strengths, depth of need, and barriers related to housing that are relevant at that time. During the return intake process, they are supported to explore what happened last time they were served. Program staff take the time to learn about people's housing situations since their last service interaction and ask questions about what can be done differently to provide a better experience and/or better outcomes this time around.

4.3.1 Levels of Engagement

With progressive engagement, the work is to connect people with available housing and other community resources that address their housing issues as quickly as possible, while balancing current capacity to serve, overall program demand, and people's individual service needs and preferences along the way.

There are four levels of engagement in the model:

- 1. Self-Directed Housing Resources**
- 2. Housing-Focused Services**

3. Shorter-Term Housing Support
4. Longer-Term Housing Support

Programs that fall within each level of engagement share some features and differ on others. 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. 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 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, eligible applicants are matched with appropriate housing support and rent assistance. 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.

4.3.2 System Functions

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

1. Providing Universal Access to Self-Directed Resources. Locally, self-directed housing resources are offered through the Region’s on-line Renter’s Toolkit or Housing Help Hubs. Plans are underway to promote the Renters’ Toolkit in Housing Help Hubs co-located with fixed-site programs in the system or other places where people need easy access to self-directed housing information (e.g., information about community resources that can help with finding and keeping a home).

2. Coordinating Access to Programs. Requests for service can come from a number of sources, including individuals and families directly, their family or friends, or from Service Providers. Some requests are from local residents and others are from people thinking about moving to Waterloo Region.

Coordinated access works to streamline these requests for service. Staff are considered specialized problem-solvers that help people to navigate their next steps, including appropriate referrals. For example, there are intentional efforts to divert or refer the person or family to

services that may offer a better solution to their issue. Where people must apply for housing resources and waiting lists are in effect, coordinated access can include application assistance, matching people with upcoming vacancies (e.g., using a By-Name List that identifies each person or family's service needs and preferences), prioritization within a matched pool of applicants for each vacancy, and facilitating offers. Throughout this process, assistance is provided related to service navigation.

Both decentralized and centralized coordinated access models are used across the Housing Stability System. A decentralized model is used in Level 2 where staff follow protocols that outline how to connect people with appropriate community resources, including other Housing Stability Programs in Level 2 and/or the PATHS process.

Through the PATHS process, access to Level 3 and Level 4 programs is centralized. When a support option becomes available through PATHS, it is offered to the person or family who both wants the program and also needs it the most compared to others waiting on the list with a similar level of need related to finding and keeping a home. Common assessment informs this work.

4.3.3 Housing Stability Programs

The local Housing Stability System includes ten programs, each fulfilling a specific role. These ten programs are mutually-reinforcing. While they are designed to address the full range of housing issue that people face, for some people, being able to retain housing over the longer-term requires a collaborative, shared approach to service planning that involves a number of community systems. For example, Housing Stability Programs may need to be complemented with specialized support from the health sector, developmental services, or mental health and addiction systems in order to reach Support Plans goals.

More specifically, Housing Stability Programs offer one or more of the following:

- i) Housing** (permanent or time-limited housing options as well as temporary shelter);
- ii) Rent assistance** (fixed-site rent assistance dedicated to units or buildings and portable rent assistance dedicated to people living in the community); and/or
- iii) Support** (Housing Help or Housing Support Coordination, sometimes paired with Rent Funds or Flex Funds).

Wherever possible, people who are eligible for housing support or permanent housing should be able to choose from options that match their service needs and preferences. To be positioned to offer choice in this way, the Housing Stability System needs diversity in the mix of support and housing options that are available. Increasing the portability of rent assistance and support is one way to meet this objective.

4.4 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. 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 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).

SECTION 5: RESOURCES AND SUPPORTIVE ELEMENTS TO THE PATHS PROCESS

This section provides detail about the resources coordinated through the PATHS process (building on the information presented in section 4) and outlines the five core elements that support the local PATHS process.

5.1 Resources Accessed Through PATHS

Currently, the PATHS process coordinates access to the following housing support programs:

- **Portable Home-Based Support – Shorter-Term** (Level 3) – a Region-funded program with partnerships that offer spaces funded through other sources;
- **Portable Home-Based Support – Longer-Term** (Level 4) – a Region-funded program with partnerships that offer spaces funded through other sources;
- **Supportive Housing** (Level 4) – a Region-funded program with partnerships that offer spaces funded through other sources; and
- **Other Housing and/or Support Options** – a mix of housing support, rent assistance and/or permanent housing options funded by various partners.

In addition, the PATHS Team has access to tools like rent assistance, trusteeships and support for financial inclusion, and a Flex Fund. Each is described below.

Outflow from the Offer-Ready List is largely dependent on housing support vacancies and new investments in housing support where access is coordinated through the PATHS process. Outflow can be slowed down when people are matched with a Housing Support Coordinator but there is a delay in finding permanent, affordable housing in the private market. It is a priority to increase capacity to serve in housing support programs across the region, in order to reach and sustain a “functional zero” for homelessness. Securing new partnerships is key to this process.

Note: People waiting for housing support continue to be served through Housing Resource Centres, Emergency Shelter, and Street Outreach. They may also be waiting for a Community Housing offer. Individualized Critical Safety Plans may be developed as needed for people who have been identified as more vulnerable and need more immediate support to stay safe or cope with the waiting period. Critical Safety Plans identify the specific shelter and support options that are available to people while they wait (e.g., more flexible sheltering options). In general, support for Critical Safety Plans is framed in the context of prioritizing safety rather than emphasizing the more conventional housing search process. For example, length of stay guidelines in Emergency Shelter may be extended. People who are vulnerable that have declined all offers through the PATHS process may be referred to Service Resolution, Connectivity Tables and/or further collaboration may be explored with other partners.

5.1.1 Portable Home-Based Support

The new Portable Home-Based Support Team will begin April 1, 2018. It provides housing support to people with greater depth of need who have transitioned from homelessness to housing (accessing rental units across the community). Shorter-term support of generally three to six months is provided to people with medium level of acuity. Longer-term support of generally 12 to 18 months is provided to people with high level of acuity. Staff broker or link participants with longer-term supports from other community systems as needed and desired, as part of a Support Plan (e.g., mental health and addiction support, developmental services, or health care). Where possible, housing support is paired with rent assistance to increase housing affordability. The team has several roles, including Team Lead, Housing Support Supervisor, Housing Support Coordinator, and Housing Support Coach.

Portable Home-Based Support Team housing support vacancies are filled exclusively through the PATHS process. New partnerships are explored to enhance capacity to provide housing support from other funding sources, as well as the level and range of support provided to participants that can complement the work of the team.

5.1.2 Supportive Housing

The redesigned Supportive Housing program began April 1, 2016. It provides permanent, affordable housing with on-site housing support that helps people with lived experience of homelessness to stay housed in a shared living environment or self-contained units. Providers offer a mix of bachelor, one-bedroom, two-bedroom, and three-bedroom units in apartment buildings, or private and semi-private bedrooms in residential or retirement homes. The program serves a broad range of people including individuals, couples, and families. Some buildings are for men only, some are just for women and families, and others only serve older adults.

All Supportive Housing sites have a Housing Support Coordinator role, and offer social and recreational activities. Some Service Providers may also offer assistance with independent living skills, medication management, food support, peer support, and retirement setting supports. While staff provide 24/7 coverage, buildings are typically single-staffed and staff may not always be present on-site (e.g., they may be out at appointments, meeting with other tenants, or on-call).

Supportive Housing vacancies are filled exclusively through the PATHS process. A partnership with Thresholds has been secured to provide additional housing support to tenants with serious mental health issues. New partnerships are explored to enhance capacity to provide housing support from other funding sources, as well as the level and range of support provided to tenants that can complement the work of Service Providers.

5.1.3 Other Housing and/or Support Options

The PATHS process coordinates access to a mix of other housing support, rent assistance and/or permanent housing options funded by various partners. Currently, this includes a partnership with Thresholds and the House of Friendship to offer mental health and addiction support to rent geared-to-income tenants in select Waterloo Region Housing communities. This support is delivered through the Integrated Mental Health and Addiction Supportive Housing (i-MASH) team of three addiction counselors, a Housing Support Coordinator, a life skills worker, and a tenant liaison worker. Vacancies for these units are filled exclusively through the PATHS process.

New partnerships are explored to enhance capacity to provide more housing and/or support options to people engaged in the PATHS process.

5.1.4 PATHS Team Tools

As noted earlier, making housing more affordable through rent assistance has been validated through local research as key to staying housed and increasing quality of life. Rent assistance is a tool of the Housing Liaisons on the PATHS Team. Where possible, every Portable Home-Based Support offer is paired with rent assistance. Currently, rent assistance offered through the PATHS process is funded either through the Investment in Affordable Housing Extension or Home For Good (2018).

A voluntary trusteeship option is available through the PATHS Team for people who request assistance with managing their finances until they are able to do so independently. Through this option, an appointed trustee is given authority, on behalf of the individual or family, to receive income and pay expenses. The trusteeship option works in collaboration with similar services that exist in the Housing Stability System (e.g., Voluntary Trusteeship offered by the Cambridge Shelter Corporation and Money Matters offered by The Working Centre).

Finally, a Flex Fund is available to the PATHS Team. This fund helps with a variety of housing-related expenses (e.g., repairs to units) when all alternative resources are exhausted (e.g., through other programs, entitlements, subsidies, agency resources, and community donations).

5.2 Core Elements for Supporting the PATHS Process

There are four core elements to supporting the PATHS process in Waterloo Region. They are:

1. PATHS Team;
2. PATHS Partners;
3. Protocols; and
4. Leadership and Administration.

Each element is described below.

5.2.1 PATHS Team

The PATHS Team serves people across Waterloo Region. It includes a Team Lead who manages Service Navigators and Housing Liaisons. The Team Lead participate in the local Housing Stability System groups hosted by the Region, including but not limited to: the Housing Stability System Planning Table, Families to Homes, Youth to Homes, PATHS Working Group, and Technical and Training Working Group. The Team Lead works closely with other Service Providers in the Housing Stability System, engages with other community systems (e.g., Local Health Integration Network, Here 24/7, and other health service agencies), and works directly with the Region to ensure deliverables of the Service Agreement are met.

Service Navigators ensure seamless service for participants throughout the PATHS process. They focus on helping people to move forward with the next steps in their Housing Plan, connect with programs with other community systems, and become offer-ready. They also support Housing Support Agreements once people have been prioritized for an offer.

Housing Liaisons specialize in finding new housing options and maintaining existing landlord relationships across the region (e.g., engaging with new landlord opportunities, mediating conflict with landlords when existing tenancies supported by the Portable Home-Based Support Team are at imminent risk). The Housing Liaisons will also coordinate maintenance requests, support the landlord in using eviction prevention protocols, and work with participants on tenancy skill-building. Housing options include both market rent options as well as less conventional options (e.g., bringing forward new ideas for consideration). They also provide support to the Service Navigators related to matching, prioritization and Housing Support Agreements.

5.2.2 PATHS Partners

PATHS Partners include Service Providers that help people to move forward with the next steps in their Housing Plan while they wait for an offer through the PATHS process. In the Housing Stability System, this includes Housing Resource Centres, Emergency Shelters, Street Outreach, and the Community Housing Access Centre funded through the Region. PATHS Partners may also include other system partners funded through other sources.

Often, relationships exist between PATHS Partner staff and people engaged in the PATHS process (e.g., if the person or family has been staying in Emergency Shelter). Developing and maintaining strong connections between the PATHS Team and PATHS Partners is required in order to ensure people receive high quality, continuity of service along their service pathway. To this end, responsibilities related to the PATHS Partner role are outlined in a PATHS protocol and form part of the Service Agreement between Service Providers and the Region, where applicable.

From time to time, PATHS Partner staff will be asked to participate in case conferencing processes. For example, assistance may be requested to problem-solve next steps in a Housing Plan where people with high acuity have been waiting for a housing support invite for a long time. Or, if people have been prioritized for a housing support invitation and need more support to consider the offer, assistance may be requested to help develop and/or implement a Housing Support Agreement with them.

5.2.3 Protocols

PATHS protocols outline new service expectations related to the PATHS process. They serve many purposes, such as:

- Clarifying roles and responsibilities;
- Supporting consistency, transparency and efficiency;
- Promoting flexibility and adapting to new learning from local experience or other sources; and
- Verifying quality.

5.2.4 Leadership and Administration

The PATHS process is led by the Region as the backbone organization for the local Housing Stability System and funder of the PATHS Team. In this role, the Region sets policy, develops and improves protocols, administers the PATHS List, PATHS Offer-Ready List and By-Resource List, and hosts both the PATHS Working Group as well as case conferences.

As part of the Region's integration of housing and homelessness programs into a Housing Services division in 2017, a Social Planning Associate was designated to the PATHS process in recognition of the need for dedicated backbone support in this area. The PATHS Planner is a multi-faceted and evolving role. In general, the PATHS Planner leads quality assurance practices, supports data integrity, and generates reports to support the various steps within the PATHS process (e.g., matching, prioritization, and Housing Support Agreements). Additionally, the PATHS Planner is responsible for developing data dashboards that monitor progress with the goal of reaching and sustaining a "functional zero" to homelessness. The PATHS Planner will support implementation of the PATHS Framework by leading the development of protocols, supporting the PATHS Team, and continuing to refine the PATHS process (e.g., new tools).

The PATHS Working Group will meet regularly to support implementation of the PATHS Framework. The purpose of the PATHS Working Group is to provide input on policies and protocols, support continuous improvement, and problem-solve. It will include a variety of stakeholders from the Housing Stability System (e.g., direct support workers of PATHS Partners and members of the PATHS Team). Part of the work of the PATHS Working Group will be to ensure that people are being appropriately supported while they are waiting for an offer of

housing support (including reviewing Critical Safety Plans). The PATHS Working Group will also ensure that people are being appropriately supported in their Housing Support Agreements (including reviewing the Support Plans of people who have been recently housed and require a longer period of engagement during the transition period).

SECTION 6: NEXT STEPS

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

6.1 Communicate Release of the PATHS Framework

To support the roll-out of the PATHS 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 PATHS Framework.

6.2 Implementation Plan

The PATHS Framework represents a significant shift in program delivery. See **Appendix G** (Past State, Current State, and Activities to Strengthen Future State) for a summary of the expected changes following completion of PATHS Framework implementation in the areas access points, common assessment, matching, prioritization, policy and protocols, and quality assurance.

Given the extent of the change, the Region has established an implementation period to 2020. During this time, the Region will work closely with the PATHS Team, Portable Home-Based Support Team and Supportive Housing Service Providers to further develop core components and supportive elements, and to engage in additional community consultation where appropriate. Potential next steps are organized under six implementation categories:

Leadership and Administration

- Establish PATHS Working Group with Terms of Reference
- Finalize Housing Support Application Form (e.g., include all relevant factors to support the best match between people and housing support vacancies/housing options)
- Finalize Vacancy Matching Form with “secondary” eligibility criteria related to By-Resource List (e.g., need for additional documentation)
- Finalize Housing Support Agreement template
- Finalize Housing Liaison tools (e.g., pre-screen unit checklist, portable rent assistance protocols, Landlord Handbook with template letters)
- Finalize PATHS process brochure

PATHS Team and PATHS Partners

- Further develop Service Navigator and Housing Liaison roles; confirm responsibilities for voluntary trustee option

- Clarify roles and responsibilities of PATHS Team vs. PATHS Partners
- Clarify roles and responsibilities of Service Navigators on the PATHS Team vs. Street Outreach – e.g., related to engaging with people to confirm eligibility for housing support at “hot spots” in the region and with people experiencing homelessness who have indicators of greater vulnerability who are not connected to another PATHS Partner (such as shelter)
- Clarify roles and responsibilities for Housing Liaisons when people receiving housing support are being rehoused – e.g., participants of Portable Home-Based Support Team or Supportive Housing tenants
- Strengthen PATHS Team capacity to navigate access to resources in other community systems (e.g., Here 24/7, Developmental Services, Ontario Works), with a focus on the Service Navigator expertise in this area
- Training requirements for Registered SPDATers (PATHS Partners)
- Clarify access points – e.g., PATHS Team drop-ins at PATHS Partner sites

Protocols

- Prioritization – e.g., confirm ranking and tie-breaking processes; confirm the protocol for staying on the PATHS List when people self-resolve their homelessness, with recognition that they will be a lower priority during the ranking process compared to people who have consistently been living without permanent housing; when to redo SPDATs
- Internal transfers – e.g., explore processes for re-housing existing participants, while also balancing the need to find housing for new participants experiencing homelessness (confirm current protocol with PATHS Team)
- Eviction prevention for past participants – e.g., explore strategies for people who have recently transitioned from housing support and are at imminent risk of homelessness
- Eviction prevention for current participants – collaborate with the HBS Team to develop and implement a protocol for preventing evictions (when possible) or supporting the ending of a tenancy and transition to new housing (when a move cannot be avoided). This protocol will include a new risk management strategy that clarifies roles and responsibilities between the participant, landlord, HBS Team, and PATHS Team (Housing Liaisons) when a tenancy is at-risk. This strategy will include: 1) how different levels of risk will be measured, monitored, and mediated; 2) how communication will be supported with all key partners; 3) how decisions will be made about the tenancy with clarification about who should be consulted vs. who is accountable; and 4) the resources that will be available to support eviction prevention or ending a tenancy (e.g., Flex Funds for damage repairs). The protocol will also outline the roles and responsibilities of community partners who may also be engaged in the process of eviction prevention or

ending a tenancy with a move to new housing (e.g., police, Waterloo Region Legal Clinic).

- Case conferencing processes for people at the top of the Offer-Ready List who have not received an offer of support (confirm current protocol with PATHS Team)
- Exemption requests – e.g., PATHS Partner confirms very recent history of homelessness (confirm current protocol with PATHS Team); people with SPDAT refusals being added to PATHS List and Offer-Ready List
- Voluntary trusteeship – e.g., connect to 2016/17 pilot learning and offer in a way that works best for participants of Level 3 and Level 4 programs
- Documented SPDAT refusals (confirm current protocol with PATHS Team)
- Declined referrals by Service Providers – e.g., when follow-up is needed to review processes
- Declined invitations by participants – e.g., when follow-up is needed to review service needs and preferences
- Removal from PATHS List – e.g., process of confirming contact
- Connections between Women’s Crisis Services and the PATHS process – e.g., reviewing policy alignment and impact of PATHS process for people fleeing domestic violence
- Ensuring flexibility between Service Navigator and Housing Liaison roles to meet the demand for service related to people waiting for a housing support offer (e.g., supporting people to action their Housing Plans and get offer-ready) and finding new housing options (e.g., networking with new landlords); recognize that roles will shift and evolve with new learning
- As capacity allows, PATHS Team may help people on the Offer-Ready List to access other housing and/or support options beyond the Portable Home-Based Support Team and Supportive Housing, although the first priority is to find housing and maintain relationships with landlords related to the Portable Home-Based Support Team

PATHS Standards

- Service expectations – Set and monitor service expectations for the PATHS Team and PATHS Partners funded by the Region

Key Performance Indicators and Process Evaluation

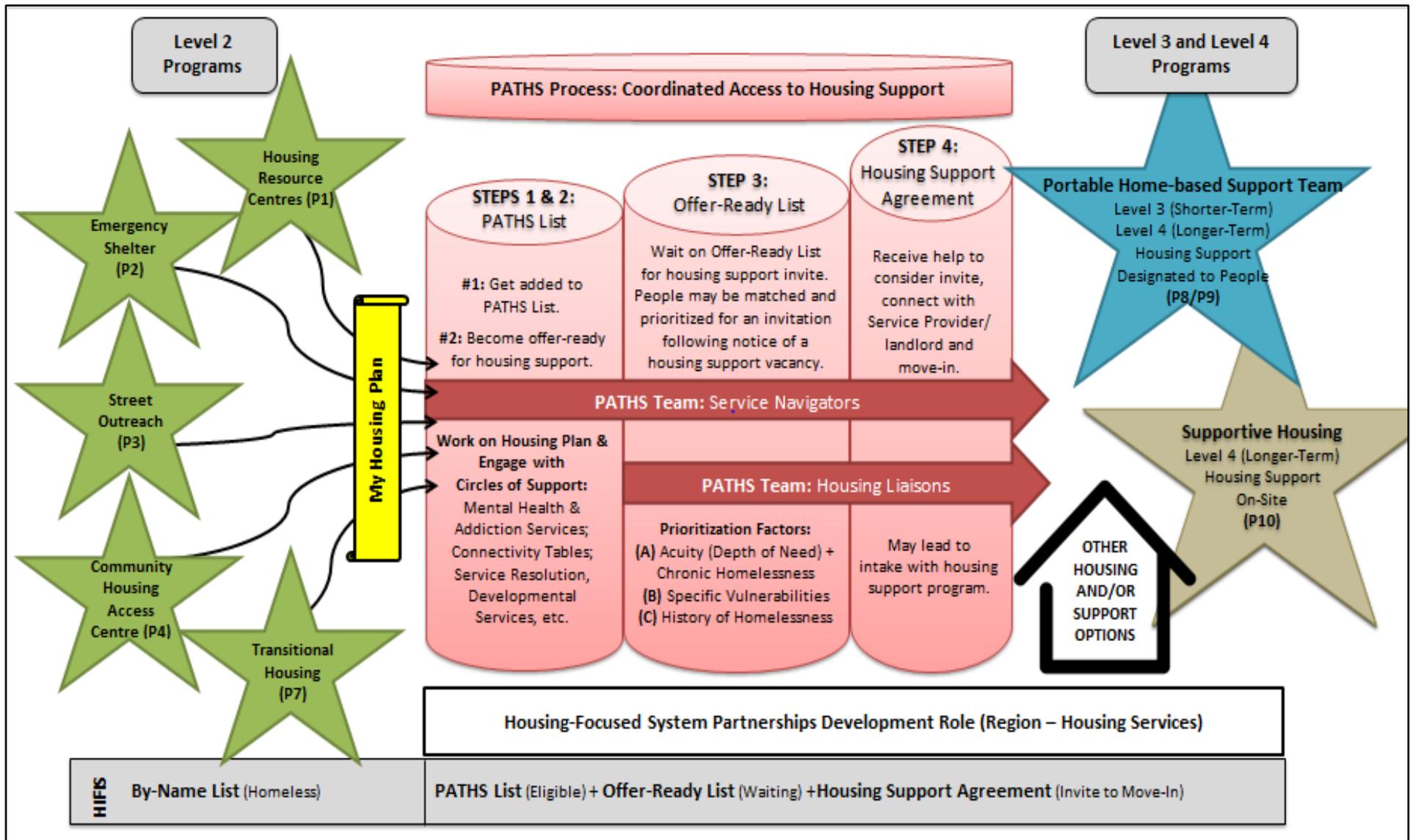
- Increase quality of the PATHS List
- Set, measure and monitor reduction goals to end chronic homelessness
- Set, measure and monitor housing outcome goals by acuity level, household types, and population groups

- Measure and monitor PATHS List trends related to other benchmarks (e.g., trends for all household types and population groups in the region); set timeline targets in each of the referral, intake and move-in stages and outlining key roles throughout the process
- Evaluate the PATHS process for quality

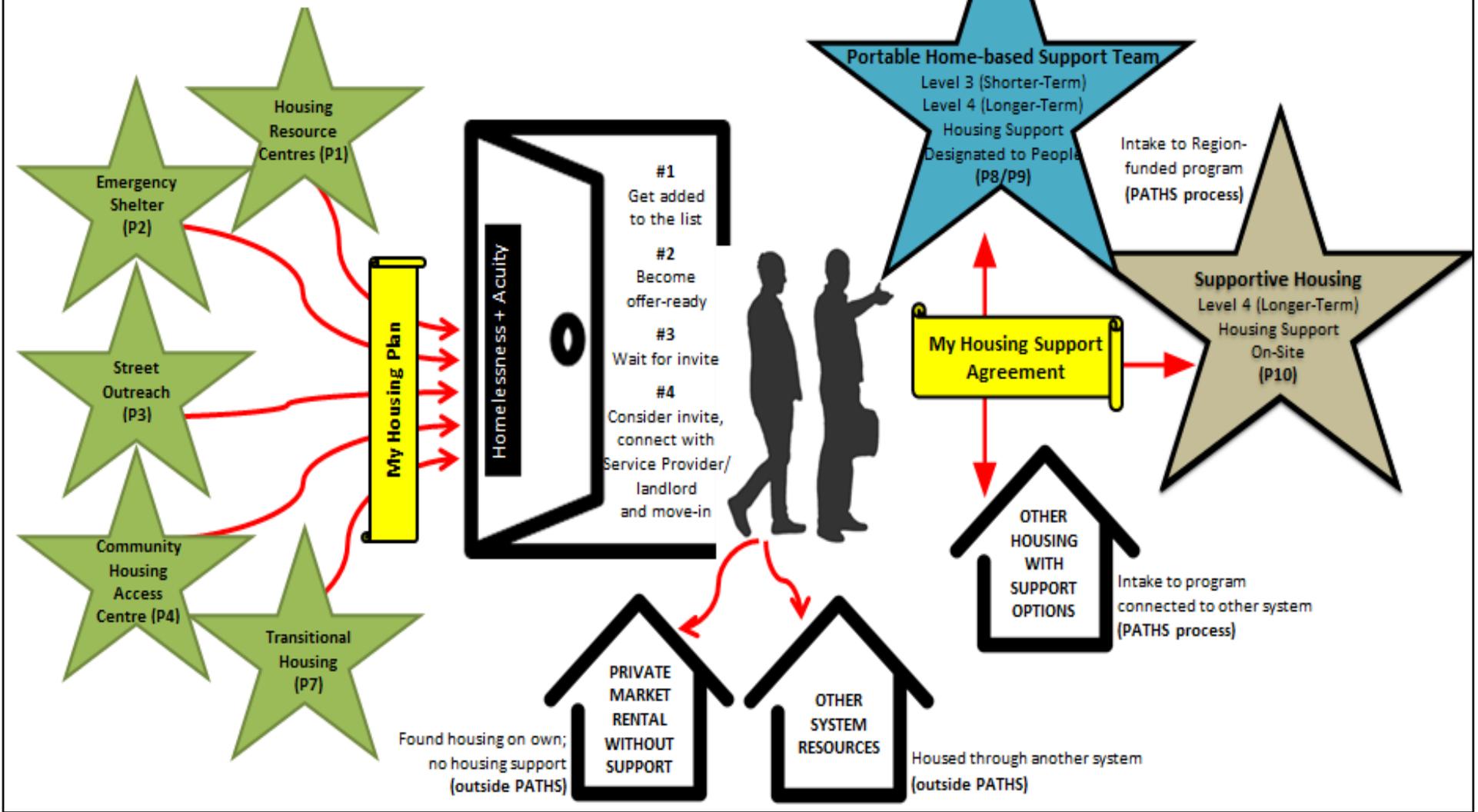
HIFIS 4

- Protect privacy and confidentiality of information
- Identify key data elements from the PATHS process – e.g., PATHS List variables; other documentation required for matching; Offer-Ready List variables and prioritization factors; Housing Support Agreements
- Define data entry requirements for each role – e.g., PATHS Team and PATHS Partners
- Write Crystal Reports
- Explore use of “geo mapping” with Street Outreach, as a tool to support connecting with people when they have been prioritized for an offer

Appendix A: PATHS Process: Supporting People with Greater Depth of Need to Find Housing



PATHS Process: Service Pathway for Participants



Appendix B: 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 Services	<ul style="list-style-type: none"> ✓ At intake, if household returns (within timeframe TBD⁷) or intensive diversion effort suggests more support is needed ✓ Informs Housing Plan (focus on shelter diversion) ✓ Informs access to 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 Housing Plan (focus on shelter diversion) ✓ Informs access to 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 ✓ Informs access to 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 ✓ Informs access to PATHS 	Emergency Shelter
Level 3: Shorter-Term Housing Support	<ul style="list-style-type: none"> ✓ Informs access to PATHS 	Transitional Housing; Portable Home-Based Support	<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 	Transitional Housing; Portable Home-Based Support
Level 4: Longer-Term Housing Support	<ul style="list-style-type: none"> ✓ Informs access to 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 	Portable Home-Based Support; Supportive Housing

⁷ Protocol for when a second intake should be considered a first intake because of an extended time lapse in-between stays is TBD.
2437944 (December 5, 2017)

Appendix C: PATHS Process Priority Groups

Category	Level 3: Portable Home-Based Support (Shorter-Term)	Level 4: Portable Home-Based Support (Longer-Term) and Supportive Housing
(A) Acuity and Chronic Homelessness	<p style="text-align: center;">Medium Acuity</p> <p>Youth: 4-9 (VI-SPDAT); 13-33 (SPDAT) Adults: 4-9 (VI-SPDAT); 13-33 (SPDAT) Families: 4-8 (VI-SPDAT); 20-53 (SPDAT)</p> <p style="text-align: center;">AND</p> <p style="text-align: center;">Chronic Homelessness</p>	<p style="text-align: center;">High Acuity</p> <p>Youth: 10+ (VI-SPDAT); 34+ (SPDAT) Adults: 10+ (VI-SPDAT); 34+ (SPDAT) Families: 9+ (VI-SPDAT); 54+ (SPDAT)</p> <p style="text-align: center;">AND</p> <p style="text-align: center;">Chronic Homelessness</p>
(B) Specific Vulnerabilities	<p style="text-align: center;">Tri-Morbidity</p> <p style="text-align: center;">Presence of physical health, mental health and substance use issue. Documented in the Wellness domain of the SPDAT.</p>	
	<p style="text-align: center;">Elevated Risk</p> <p style="text-align: center;">Involvement in abusive, higher-risk and/or exploitative situations. Documented in the Involvement in Higher Risk and/or Exploitive Situations domain of the SPDAT.</p>	
	<p style="text-align: center;">Critical Safety List</p> <p style="text-align: center;">Person is on the Critical Safety List as a result of:</p> <ul style="list-style-type: none"> • Having exhausted most sheltering options in community; • Having service restrictions from most or all emergency shelters; and • Being at an elevated risk of death. 	
(C) Housing History	<p style="text-align: center;">Length of Time Living Without Permanent Housing</p> <p style="text-align: center;">Length of time since being added to the By-Name List. Unsheltered homelessness and emergency shelter use prioritized over hidden homelessness.</p>	

Definition of Chronic Homelessness: People, often with disabling conditions, who are currently homeless and have been homeless for six months or more in the past year (i.e. have spent more than 180 cumulative nights in a shelter or place not fit for human habitation).

Appendix D: Overview of Levels of Engagement, Housing Help Hubs, and Housing Stability Programs

Housing Help Hubs and housing stability programs are aligned with one of four levels of engagement based on a number of factors, as described below. See also **Appendix B: Progressive Engagement Flowchart**.

Notes:

- **Level 2: Housing Help** = Housing Resource Centres, Emergency Shelter, Street Outreach
 - **Level 3 and Level 4: Housing Support Coordination** = Transitional Housing, Portable Home-Based Support, Supportive Housing
1. **Access:** How are housing resources offered?
 - Are they available on a drop-in or “first come, first served” basis? (Level 2 – Housing Help)
 - Or is there a waiting list? (Level 2 – Community Housing; Level 3 and Level 4 – Housing Support Coordination)
 - If so, are resources offered based on:
 - When people apply? (Level 2 – Community Housing)
 - Other factors like depth of need? (Level 3 and Level 4 – Housing Support Coordination)
 2. **Type of Support:** Are resources primarily...
 - Self-directed? (Level 1 – Renter’s Toolkit and Housing Help Hubs)
 - Offered through some staff support? (Level 2 – Housing Help; Level 3 and Level 4 – Housing Support Coordination)
 - Housing support focused primarily on a Housing Plan? (Level 2 – Housing Help)
 - Housing Support Coordination through a Support Plan? (Level 3 and Level 4 – Housing Support Coordination)
 3. **Location:** Are resources primarily...
 - Offered on-line? (Level 1 – Renter’s Toolkit)
 - Designated support to the individual or family and “portable” so that it can follow people out in the community? (Level 2 – Street Outreach; Level 3 and Level 4 – Portable Home-Based Support)
 - Designated support to a unit, building, or neighbourhood and/or available at fixed sites? (Level 2 – Housing Resource Centres or Emergency Shelters; Level 3 – Transitional Housing; Level 4 – Supportive Housing)
 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 individualized Service Plan.)

Reasons for service and resources available through Housing Help Hubs and Housing Stability Programs.

Housing Resource	Primary Reasons for Service	Description
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 housing issue(s) 	<ul style="list-style-type: none"> ✓ Access Renter's Toolkit on-line. ✓ Universal access to consistent and current housing information 24/7. ✓ Co-located with drop-ins or other programs in the community; access will vary by site.
Level 2: Housing-Focused Services		
(#1) Housing Resource Centres Housing Help – 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"> ✓ See the HSS Pocket Card for access information. ✓ On-site and phone support to develop and implement a Housing Plan (focus: prevention, diversion and/or finding new housing), 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 Fund and “Urgent Status”.
(#2) Emergency Shelter Housing Help – On-Site	<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"> ✓ See the HSS Pocket Card for access information. ✓ At point of inquiry, support people to develop a Housing Plan (focus: shelter diversion). ✓ 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 (focus: finding new housing); daily intentional housing conversations and Housing Plan Reviews.
(#3) Street Outreach Housing Help – Drop-In & Mobile Access (linking and engagement focus)	<ul style="list-style-type: none"> ✓ Street-involved ✓ Need greater flexibility in the way programs are offered ✓ May be unhoused and more vulnerable (greater depth of need and more housing barriers); often underserved and waiting for more housing support 	<ul style="list-style-type: none"> ✓ See the HSS Pocket Card for access information. ✓ Mobile service not tied to a location or time; contact takes place in community (e.g., public spaces, outdoors, places where people gather/sleep) – some flexibility to respond to emerging needs (e.g., crisis support, accompaniment). ✓ Drop-ins located at community sites at certain times with access to various resources (e.g., washrooms, showers, laundry facilities) or specific services (e.g., replace ID).

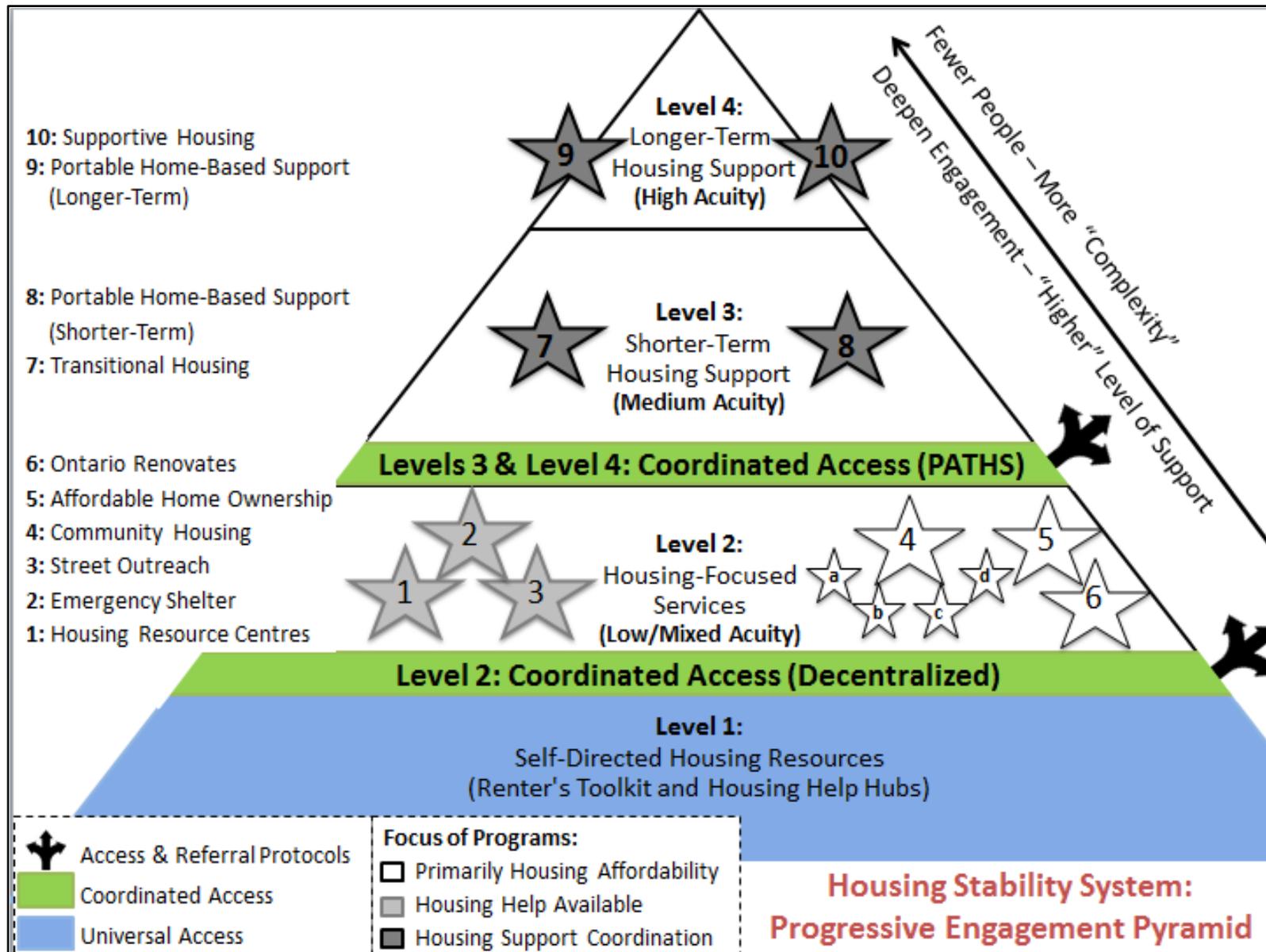
Reasons for service and resources available through Housing Help Hubs and Housing Stability Programs (continued).

Housing Resource	Primary Reasons for Service	Description
<p>(#4) Community Housing Rent Assistance – Fixed-Site & Portable</p>	<ul style="list-style-type: none"> ✓ Require financial assistance – have low to moderate income ✓ Date of application informs when housing is offered (modified chronological waiting list) 	<ul style="list-style-type: none"> ✓ See the Access Centres for application information. ✓ Rent assistance options that are either fixed-site (with Housing Providers, Waterloo Region Housing or Private Market Landlords) or portable (rent subsidies) ✓ Each fixed-site option has a mix of rent geared-to-income (RGI) and/or below average market rent (BAMR) units. ✓ Portable option refers to rent subsidies that can be used to make housing more affordable wherever tenants choose to live in the community.
<p>(#5) Affordable Home Ownership Funds for Homeowners</p>	<ul style="list-style-type: none"> ✓ Require financial assistance – have low to moderate income 	<ul style="list-style-type: none"> ✓ Access through Region – Housing Services. ✓ Funds to support the transition to home ownership
<p>(#6) Ontario Renovates Funds for Property Owners</p>	<ul style="list-style-type: none"> ✓ Require financial assistance – have low to moderate income 	<ul style="list-style-type: none"> ✓ Access through Region – Housing Services. ✓ Funds for repairs, renovations and accessibility
Level 3: Shorter-Term Housing Support		
<p>(#7) Transitional Housing Housing Support Coordination – On-Site & Temporary (less than a year)</p>	<ul style="list-style-type: none"> ✓ Mixed acuity with housing barriers related to transitional circumstances ✓ Need more support with Housing Plan 	<ul style="list-style-type: none"> ✓ Marillac Place is the only Region-funded program (for youth who are pregnant, parenting or trying to regain custody of a young child; youth can access the program by phoning or dropping by). ✓ On-site housing search support and Housing Support Coordination during stay, tailored to specific transitional circumstances ✓ Support to develop a Housing Plan and Support Plan (focus: reducing acuity and transitioning to permanent housing) ✓ Residents not covered under the <i>Residential Tenancies Act</i>
<p>(#8) Portable Home-Based Support Housing Support Coordination – Shorter-Term (rental housing in community)</p>	<ul style="list-style-type: none"> ✓ Medium acuity and experiencing homelessness; additional factors considered during prioritization ✓ Need more support with Housing Plan 	<ul style="list-style-type: none"> ✓ Access through the PATHS process. ✓ Housing Support Coordination once housed; generally 3-6 months ✓ Support to develop a Support Plan (focus: reducing acuity and transitioning from support, sometimes by brokering services) ✓ People transition after moving through all stages of Housing Support Coordination Standards ✓ 1:20 staff to household ratio

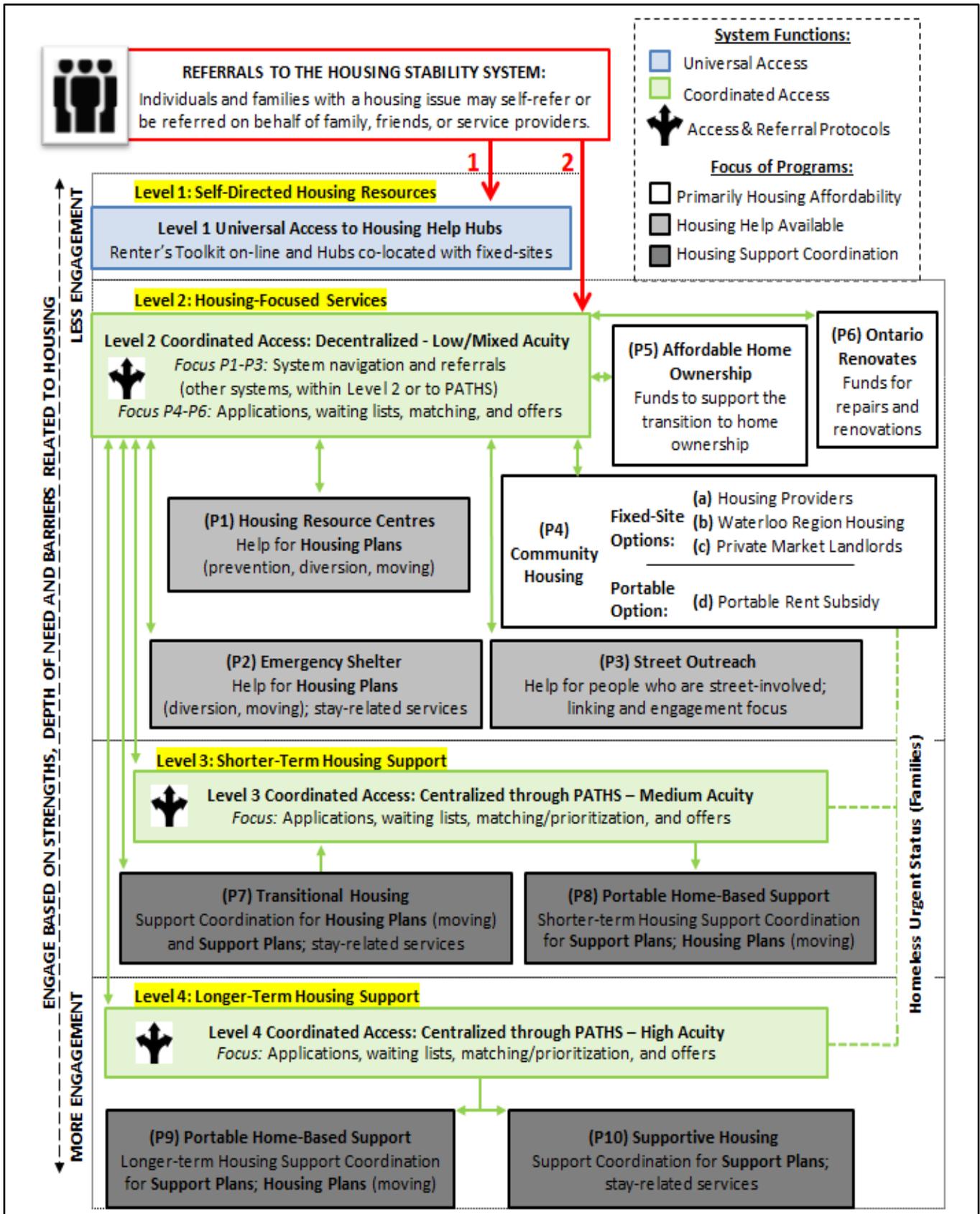
Reasons for service and resources available through Housing Help Hubs and Housing Stability Programs (cont'd).

Housing Resource	Primary Reasons for Service	Description
Level 4: Longer-Term Housing Support		
<p>(#9) Portable Home-Based Support Housing Support Coordination – Longer-Term (rental housing in community)</p>	<ul style="list-style-type: none"> ✓ High acuity and experiencing homelessness; additional factors considered during prioritization 	<ul style="list-style-type: none"> ✓ Access through the PATHS process. ✓ Housing Support Coordination once housed; generally 12-18 months ✓ Support to develop a Support Plan (focus: reducing acuity and transitioning from support, sometimes by brokering other services) ✓ People transition after moving through all stages of Housing Support Coordination Standards ✓ 1:10 staff to household ratio
<p>(#10) Supportive Housing Housing Support Coordination – On-Site (permanent housing)</p>	<ul style="list-style-type: none"> ✓ Need for more support to stay housed 	<ul style="list-style-type: none"> ✓ Access through the PATHS process. ✓ On-site Housing Support Coordination ✓ Support to develop a Support Plan (focus: reducing acuity and transitioning from support, where possible) ✓ People transition from housing support after moving through all stages of Housing Support Coordination Standards (as long as it takes) ✓ Tenants are protected under the <i>Residential Tenancies Act</i> ✓ 1:20 staff to household ratio

Appendix E: Progressive Engagement Pyramid (Part 1)



Appendix F: Progressive Engagement Flowchart (Part 2)



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

Policy or Practice Area	Past State (Pre-PATHS)	Current State (Fall 2017 and Beyond)	Implementation Activity Examples to Strengthen Future State
Access Points	<ul style="list-style-type: none"> ✓ Access to housing support coordinated by agencies independently (decentralized). 	<ul style="list-style-type: none"> ✓ Access to housing support coordinated at key points in the system, using a centralized process and informed by progressive engagement. 	<ul style="list-style-type: none"> ✓ Complete communication plan, including sharing PATHS Framework with summary document to PATHS Partners and Housing Stability System partners. ✓ Update brochures and materials for Service Providers (e.g., purpose of PATHS and how to access service).
Common Assessment	<ul style="list-style-type: none"> ✓ No shared assessment tool used to inform who is eligible for service. 	<ul style="list-style-type: none"> ✓ People who need more or a different type of support to end their homelessness complete standardized tools, including the Service Prioritization and Decision Assistance Tools or SPDAT. 	<ul style="list-style-type: none"> ✓ SPDAT training will continue to be offered through the Homelessness and Housing Umbrella Group (HHUG). ✓ Continue to explore next steps and the impact on the prioritization process for household(s) that refuse to complete the common assessment tool. ✓ Develop protocol for when to update the VI-SPDAT pre-screen or Full SPDAT assessment.
Matching	<ul style="list-style-type: none"> ✓ No shared factors used to inform who gets matched to each vacancy. 	<ul style="list-style-type: none"> ✓ People are matched with available resources based on their service needs and preferences using the Vacancy Matching Form and information about the Service Provider eligibility criteria. 	<ul style="list-style-type: none"> ✓ Develop protocol related to automated matching processes (HIFIS 4). ✓ Continue to refine the information on the Vacancy Matching Form based on experience and learning.

Policy or Practice Area	Past State (Pre-PATHS)	Current State (Fall 2017 and Beyond)	Implementation Activity Examples to Strengthen Future State
Prioritization	<ul style="list-style-type: none"> ✓ Informal prioritization based largely on a first come, first served basis. Prioritization factors determined by each agency. 	<ul style="list-style-type: none"> ✓ Households who need housing support the most, get it first. Factors considered through this process include: depth of need/acuity, experience of chronic homelessness, specific vulnerabilities, and length of time living without permanent housing. ✓ Seek a balanced approach to prioritization over time. 	<ul style="list-style-type: none"> ✓ Develop protocol related to prioritization to outline the use of the prioritization factors in a standardized, transparent way. ✓ Quality improvement practices will be developed to ensure proportional representation of offers over time to people waiting for support with medium vs. high acuity, as well as to different household types and priority groups.
Policy and Protocols	<ul style="list-style-type: none"> ✓ Different policies held by each individual agency. 	<ul style="list-style-type: none"> ✓ PATHS Framework and Protocols support consistent and transparent practices. 	<ul style="list-style-type: none"> ✓ Develop PATHS Standards that outline service excellence expectations.
Quality Assurance	<ul style="list-style-type: none"> ✓ PATHS Process Guide 	<ul style="list-style-type: none"> ✓ PATHS data dashboards measure outcomes against performance metrics and benchmarks. 	<ul style="list-style-type: none"> ✓ Share data dashboards and performance metrics and benchmarks with Housing Stability System to monitor progress with reaching initial goal of ending chronic homelessness.