

The City of Kawartha Lakes and County of Haliburton

Homelessness Services Coordinated Entry System

Process Guide January 2019



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1. Introduction and Purpose

The purpose of the City of Kawartha Lakes and County of Haliburton County (CKL-H) Homelessness Services Coordinated Entry Process Guide is to clarify and direct the process and management of coordinated access to, and allocation of community resources dedicated to homelessness. The guide will be updated on an ongoing basis as the community grows in its work to better address and resolve homelessness with individuals and families.

Goals of the Coordinated Entry Process Guide:

- Produce standards for the operation of a Coordinated Entry System
- Establish community expectations and process for homelessness response
- Make local priorities transparent to the community and people who access CKL-H Homelessness Support Services
- Establish priorities for homelessness response and a process to regularly review those priorities through verifiable data and community experience

The CKL-H Coordinated Entry System is designed to organize community level responses to homelessness. Individuals and families who are experiencing homelessness or a housing crisis are directed to community level entry points where trained workers use a common triage assessment tool to evaluate the individual or family's depth of need (acuity), prioritize them for housing and/or support services, and then help to match them to available housing focussed interventions. Assessment of an individual's or family's acuity allows each housing intervention to match the level of support intensity that an individual or family may need to resolve their homelessness.



2. Guiding Principles

In 2017, the CKL-H Homelessness Response Steering Committee was formed to develop a formal framework for homelessness response. This committee developed this framework from the following principles:

- Provide high quality, sustainable and consistent service across the Homelessness Response System
- Validated research and local data, where available, will direct decisions, housing intervention strategies and investments
- Homelessness Response is about resolving not just managing homelessness
- Community Partners in the Coordinated Entry System are committed to providing low-barrier services to those experiencing homelessness
- An individual's or family's depth of need guides support and housing interventions

- Any individual or family experiencing housing loss or homelessness should have equitable access to service and support
- Acknowledge that people are able to resolve their own homelessness and sustain their own housing

In addition to the principles listed above, the Coordinated Entry Framework is also based on Housing First Principles. Housing First is a recovery-oriented approach to ending homelessness that centers on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional supports and services as needed.¹

The five (5) core principles of Housing First are:²

- 1) Immediate access to permanent housing with no housing readiness requirements
- 2) Client choice and self-determination
- 3) Recovery-orientated approach;
- 4) Individualized and client-driven supports; and
- 5) Social and community integration.



3. Background

The CKL-H 10-Year Housing and Homelessness Plan (HHP), “Building Strong Communities” was released in February 2014 and outlines a road map to “provide adequate, stable, affordable, well maintained and diverse housing choices with access to a variety of flexible supports, enabling people to meet their housing needs throughout their lifetime.”³ The CKL-H HHP includes several goals specifically related to homelessness that demand a shift in service delivery away from emergency response to focus on collaborative supports to prevent homelessness, address chronic homelessness, and promote success in housing across the County.

In March 2016, CKL-H became a participating community in the Canadian Alliance to End Homelessness 20,000 Homes Campaign. Through the campaign CKL-H committed to better understand the homeless population by collecting person-specific data through a homelessness enumeration initiative, and house 24 of the most vulnerable homeless people identified in the community. The 111 individuals surveyed during the 2016 Registry Week formed the beginnings of a By-Name List that allows municipal partners to keep track of who is homeless in the community, what their depth of need is and begin to match them to appropriate and available housing interventions. This list will be updated on an ongoing basis as homeless individuals and families continue to be identified in the community, as well as through on-going Registry Week initiatives every two years.

3.1 Canadian Definition of Homelessness and Indigenous Homelessness

CKL-H has adopted the Canadian definition of homelessness. This definition helps to clarify for the community what situations fall into the scope of 'homelessness'.

In summary, the Canadian Definition of Homelessness⁴ includes people who are:

- **Unsheltered**
 - Living outside (sidewalks, parks, forests, etc.)
 - Living in places not intended for permanent human habitation (cars, garages, out buildings, shacks, tents, etc.)
- **Emergency Sheltered**
 - Emergency overnight shelters for people who are homeless
 - Shelters for individuals/families affected by family violence
 - Shelters for people affected by a natural disaster (fire, flood, etc.)
- **Provisionally Accommodated**
 - Interim housing for people who are homeless (short-term motel stay etc.)
 - Temporary living with other people (couch surfing, staying with family, etc.)
 - Short-term rental accommodation without security of tenancy
 - People in institutional care with no guarantee of permanent housing upon release (hospital, corrections facilities, treatment facilities, etc.)
 - Reception centers for recently arrived immigrants and refugees

For the complete typology of homelessness as defined by the Canadian Observatory on Homelessness, see Appendix A: Canadian Definition of Homelessness.

In 2017, The Canadian Observatory on Homelessness, together with elders, indigenous leaders and scholar Jesse Thistle PhD, published the Indigenous Definition of Homelessness in Canada. This definition of homelessness acknowledges the typologies of homelessness outlined in the Canadian Definition of Homelessness, but also acknowledges that 'unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities.'⁵

For the complete definition of indigenous homelessness as published by the Canadian Observatory on Homelessness, see Appendix B: Definition of Indigenous Homelessness in Canada.



4. Coordinated Entry System Overview

Coordinated Entry is an emerging methodology that helps communities to organize their response to homelessness and improve outcomes with intentional housing and supports allocation.

In short, Coordinated Entry includes the following components: (See corresponding sections for more details):

1. Community Entry Points (Section 4.2)
2. Common Assessment (Section 4.3)
3. By-Name List (Section 4.4)
4. Housing and Supports Inventory (Section 4.5)

The one pager document below outlines the Coordinated Entry System in CKL-H.⁶

The City of Kawartha Lakes and County of Haliburton Homelessness Coordinated Entry System

A Coordinated Entry System is a community wide strategy to help prevent homelessness and match individuals and families experiencing homelessness to housing and support resources. Using a **Housing First approach**, participating agencies in City of Kawartha Lakes and County of Haliburton (CKL-H) work together to assess people's housing related needs, and connect them to available supports to find and keep housing.

“Housing First is a program model, a systems approach, and a philosophy that recognizes housing as a basic human right and focuses on helping people experiencing homelessness obtain housing stability.”



Serving People Who Are Experiencing Homelessness

This includes individuals and families who are:

1. Unsheltered (sleeping outside, vehicle etc.)
2. Emergency Sheltered
3. Temporarily Sheltered (couch surfing, motel etc.)

Community Entry Points and Common Assessment

Agencies trained to identify and assess people who are homeless, and are working with them to:

1. Divert from emergency shelter when possible
2. Assess needs and make connections to landlords, supports and available housing
3. Continue to assertively engage with the individual and help remove any barriers to securing and maintaining housing.

Community Entry Points include: A Place Called Home, Fourcast, CMHA, CKL Human Services, Haliburton Highlands Health Services, Women's Resources, YWCA-Minden

CKL-H By Name List (BNL)

Once assessed, people are added to the CKL-H By-Name List; a real-time, up to date list of all people experiencing homelessness in CLK-H. The BNL helps community partners know every person experiencing homelessness by name, understand what their unique needs are, and then prioritize them for the most appropriate and available housing intervention.

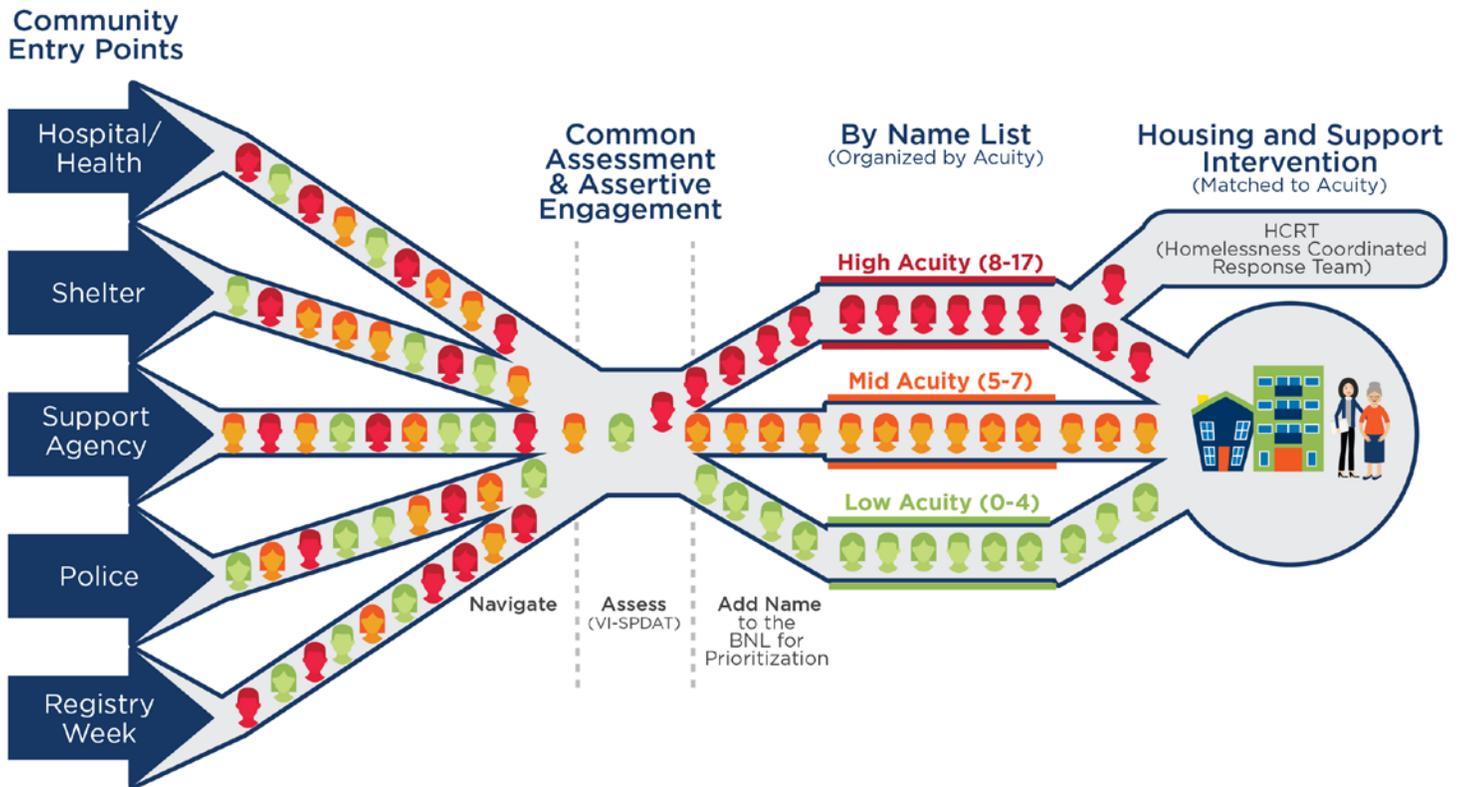
Matching to Available Resources

CKL-H's BNL matches dedicated support and housing resources, as they become available, prioritized to meet an individual or family's depth of need. These resources can include affordable, supportive, or transitional housing, rent supplements, support workers, financial assistance, rental search support and more.



4.1 Diagram of Coordinated Entry System Flow

Coordinated Entry System



4.2. Community Entry Points

Community Entry Points (CEP) are identified agency locations in CKL-H who have regular contact with the homeless population and have been trained to assess individuals and families needs. Community Entry Points ensure that anyone experiencing homelessness in the CKL-H area has equitable access to available housing and supports that are appropriate to their needs.

When an individual or family presents as homeless in the community, they will be directed to an identified CEP to begin the process of assessment and referral to appropriate supports. Agency staff at CEPs will be trained to help individuals and families be diverted from homelessness wherever possible. If an individual or family has been homeless for 14+ days without being able to resolve their own homelessness, the CEP will:

- Gain consent to collect information
- Complete an assessment to determine their unique needs
- Identify barriers to finding and keeping housing.

Should an individual or family present as homeless at an agency who is not identified as an entry point, they will be connected with the closest, most appropriate CEP for assessment. All CEPs will be provided with on-going training to ensure common practices, assessment skills and process knowledge.

4.2.1 Community Response to Unsheltered Individuals & Families Living Rough

When an individual or family is known to be living outside, or living rough, members of the public, or community partners are encouraged to contact A Place Called Home to engage an assertive outreach team to engage with the individual or family and introduce them to local services and support. A Place Called Home will coordinate an appropriate response together with a CKL-H community partner, or local police partner to ensure a wellness check is arranged as soon as possible.

4.2.2 Consent to Participate

After an individual or family has been in shelter for 14 days, they will be approached to discuss housing solutions, complete a VI-SPDAT and sign a consent form to allow the individual or family to be added to the BNL. For those who score with high acuity (8+), an additional multiagency HCRT consent will be completed that allows CKL-H and HCRT case conferencing partners access to their data, and approves information sharing among HCRT partners to support care planning for housing stabilization. (See Appendix C: CKL-H HCRT Multi-Agency Consent Form)

Consent is valid for 12 months and will be renewed annually when needed.

4.2.3 What to do in the case of a Refusal of Consent to participate?

An individual or family may refuse to provide consent for their information to be added to the BNL. The decision to decline to complete the VI-SPDAT or BNL consent form will be tracked and does not prevent access to service. If the person presents as likely to be low acuity, they will be directed to Housing Help services to support rapid re-housing. If the person presents as likely to be high acuity because of health and history of homelessness, the referring worker will continue to actively engage client to complete the assessment and obtain consent.

4.2.4 Confidentiality Considerations

All client information will be fully confidential and subject to Municipal Freedom of Information and Protection of Privacy Act. Currently agencies have their own confidentiality practices when it comes to data management. Agencies, particularly those in population specific

sectors, are concerned about sharing client information with other service providers. Part of the BNL development process is working with agencies to share information professionally and respectfully with mutually agreed upon data sharing agreements.

4.2.5 Considerations for Individuals or Families Fleeing Violence

Any individual or family fleeing violence who has concerns about their information being seen by anyone in the Coordinated Entry System will be given the option to be a 'hidden client' in the BNL. This 'hidden status' will prevent anyone else in the system from seeing or updating their information, other than the BNL Coordinator. Should an update be needed, the lead agency will be required to contact the BNL Coordinator with the updated information. The BNL will not release information to anyone except the client and/or the lead agency for any reason. In the event of an opportunity for housing or support placement, the BNL Coordinator will work with the lead agency to ensure that the 'hidden' client has equitable access to the available supports. (See Appendix D: CKL-H By-Name List Identity Protection Process).

All CEP's will have to sign a Memorandum of Understanding that outlines minimum privacy expectations, and agree to participate in staff training, quality improvement initiatives, and ongoing monitoring to ensure that personal information collection, storing and sharing standards are being met.

4.3 Common Assessment

The Vulnerability Index Service Prioritization Decision Assistance Tool, or the VI-SPDAT, is a triage or screening tool used by people working in the housing and homelessness sector. It allows assessors to identify who should be recommended for each housing and support intervention, moving the discussion from simply who is eligible for a service intervention to who is eligible and in greatest need of that intervention. Similar to a triage station in a hospital emergency room, this tool allows the housing and homelessness system to efficiently prioritize people and respond based on need.

A standardized screening tool, like the VI-SPDAT is an important component of a coordinated system of care because it allows for standard data collection, prioritization and expectations by participants and workers. VI-SPDAT scores help the community to prioritize who has the greatest depth of need.

The VI-SPDAT (see Appendix E: VI_SPDAT for Single Adults⁷) is a short, self-reporting screening tool that measures an individual's health and social needs quickly, to help identify the best type of support and housing intervention needed based on three categories:

- **Low score (0-3) – No Formal Housing Intervention:** Individuals who do not require intensive supports but may still benefit from access to affordable housing, housing listings and community level resources to resolve their own homelessness.

- **Medium Score (4-7) – Rapid Re-Housing:** Individuals or families with moderate health, mental health and/or behavioral health issues, but who are likely to be able to achieve housing stability with medium to short term access financial and/or support services.
- **High Score (8+) – Permanent Supportive Housing:** Individuals or families who needs permanent housing with ongoing access to services and case management to remain stably housed.

The SPDAT suite of tools includes specialized triage and full assessment tools for single adults, families and youth. In some circumstances, when a VI-SPDAT does not produce an accurate measurement of the depth of need, the full SPDAT will be used to determine acuity. Refer to Appendix F: SPDAT Scoring Comparison Chart to understand how VI-SPDAT versions and Full SPDAT versions are compared to ensure accurate translation of acuity for prioritization purposes.

Community training on effective use of the SPDAT tools will be ongoing to ensure universal understanding and practice of screening and assessment.

4.3.1 Case Conferencing and Collaboration

The Homelessness Coordinated Response Team (HCRT) is a bi-weekly case conference meeting is set between system stakeholders to review and case-plan for clients with high acuity (score 8+ on the VI-SPDAT). HCRT includes agency representatives working together to share information, expertise and case planning for those experiencing homelessness and who are assessed as having many high, complex needs (high acuity score of 8+ on the VI-SPDAT).

The function of the HCRT table is to bookmark a consistent, community case conferencing opportunity to review prioritized and new cases ensuring all opportunities for housing readiness and permanent housing are available for those who are identified as the most vulnerable within our community. The HCRT table will focus on identifying and addressing systems and community level barriers to permanent housing by sharing resources and expertise.

An individual or family will not be encouraged to ‘sit and wait’ for housing and support resources, but with support from HCRT agencies will be encouraged to create their own housing plan and be offered existing resources to move toward housing stability. HCRT case conferencing meetings are intended to review these plans and share creative solutions or expertise that lead agencies can bring back to the individual or family for consideration.

The agencies represented at HCRT are experts at supporting people experiencing homelessness within our community, and as such they will lead the discussion in determining the service path of the individual, recognizing that the client will have the final input in their own care plan. The City will work in a coordination role to ensure appropriate consent is acquired, facilitate the discussion, and manage administrative details (coordinate the process and procedures).

For those who score high on the VI-SPDAT triage assessment, an additional multi-agency consent will be completed that allows CKL-H and HCRT case conferencing partners to share information to support case planning for housing stabilization. (See Appendix H: HCRT Multi-Agency Consent Form).

Agency staff attending a HCRT meeting will be required to sign a confidentiality agreement.

For further reference see Appendix G – CKL-H Homelessness Coordinated Response Team – Terms of Reference and Operations Manual

4.4 By-Name List

A By-Name List (BNL) is a real time, up to date list of all people known to be experiencing homelessness and listed by unique identifiers such as name, current state of housing, presenting risks and vulnerabilities.

After an individual or family has been homeless for 14 days and unable to be diverted from shelter or unable to resolve their own homelessness, system-wide partners will begin the process to add the individual or family to the CKL-H By-Name List. To be added to the BNL, the following information is needed:

- BNL Addition and Consent Form (See Appendix H: CKL-H By-Name List Addition and Consent Form)
- VI-SPDAT triage assessment

This information will be added to the By Name List and prioritized based on assessment results. As individuals are added to the BNL, they will be referred to appropriate housing intervention or community supports dedicated to resolving homelessness as those resources become available. In the interim, referring agencies will continue to work with the individual or family until more appropriate supports or housing opportunities become available. This continued community support is pivotal for individuals and families to have opportunities to create housing plans that resolve their own homelessness and are not reliant on limited resources to become available.

A high functioning By Name List can be used to track progress towards ending long-term homelessness. The data acquired on the in-flow to and out flow from homelessness can be used to illuminate the strengths and gaps in our system, and to advocate for additional resources to meet the needs of our community. Paired with strong evaluation of outcomes and program investments, the BNL is a valuable tool to help the community to invest in appropriate responses, and ensure high quality, effective intervention.

4.5 Housing and Supports Inventory

The City of Kawartha Lakes is working to secure dedicated inventory to address homelessness in the area. Currently housing providers and funded resources through community agencies have been dedicated to support and house individuals with high acuity who are experiencing homelessness. Additional housing destinations and supports are being proposed with community partners, housing providers and through investments in affordable housing. (See Appendix I: CKL-H Homelessness Supports and Housing Destination Inventory).

Each housing destination and support resource has an established set of eligibility criteria. Those eligibility criteria are matched with the profile of the individuals or families on the BNL according to priority.

Connections to permanent housing solutions through CKL-H BNL are made by matching housing and support interventions to the level of acuity of the individual or family.

These interventions include but are not limited to:

- Housing First Intensive Case Management Services
- Shelter and Community-Based Case Management Services dedicated to housing and homelessness
- Portable Housing Benefits (when connected to a collaborative care plan)
- Permanent Supportive Housing Solutions
- Dedicated housing stock through community housing partners

Each of the above housing destination and support resources have an established set of eligibility criteria. Those eligibility criteria are matched with the profile of the individuals or families on the BNL, and available housing and/or supports are offered to individuals or families according to CKL-H's set priorities. (See Section 6.1 Prioritization and Selection Criteria).



5. The CKL-H By-Name List – Detailed Process and Function

The BNL database holds information for all known individuals and families who are currently experiencing or who have experienced homelessness in CKL-H. Please see Appendix J: CKL-H By-Name List Process to see a detailed outline of the BNL Process.

The database includes individual level information about people experiencing homelessness on the indicators listed in Appendix K: List of Indicators for CKL-H BNL Database. The database includes personal and demographic information as well as information about a person's housing and health. It is necessary to collect this information in order to:

- a) Prioritize/match permanent housing offers and resources for people based on their depth of need and housing preferences
- b) Progress towards housing people systematically through making optimal resource allocations and continuous system improvements
- c) Coordinate information for reporting to funders, community partners and others
- d) Monitor CKL-H's progress towards ending homelessness

The City of Kawartha Lakes is solely responsible to update and maintain the BNL. The CKL-H BNL coordination staff will compile information from:

- Homelessness Enumeration (every 2 years)
- Shelter data
- Community outreach data
- HCRT meetings

The BNL will be updated at minimum monthly and will be used to provide reports to the community on:

- Inflow and Outflow to and from homelessness
- Housing placement durations
- Demographic information about homeless population

This information will be reviewed quarterly to assess trends, identify gaps in the system and inform future planning.

5.1 Eligibility

People are eligible to be added to the BNL if they meet these criteria:

- Experiencing Homelessness for at least 14 days
 - See Appendix A – Canadian Definition of Homelessness
 - See Appendix B- Definition of Indigenous Homelessness In Canada
 - Individuals are typically identified as homeless by presenting at shelter, being served through the Ross Memorial Hospital to Homes (H2H) program, identified by the Mental Health Response Team, or present for services at community agencies.
- Staying in the City of Kawartha Lakes or Haliburton County, who have a historic or meaningful connection to CKL-H.
- Consent to participate
 - Individuals must provide signed consent to have their information shared with the City for the purpose of the BNL and to receive resources through homelessness prevention

benefits or the intensive permanent housing case management. Please reference Appendix H – CKL-H By-Name List Addition and Consent Form

- VI-SPDAT completed score
 - Front line staff will complete VI-SPDAT with all individuals experiencing homelessness to be eligible for the BNL. Please reference Appendix E - VI-SPDAT for Singles (and links to VI-SPDAT for families and Transitional Age Youth VI-SPDAT)
- The initiation of Document Readiness by the lead agency
 - Lead agencies will begin the process of getting the client “document ready” by ensuring they meet identification and eligibility requirements to be housed. Please reference Appendix L – CKL-H By Name List Document Ready Form.

5.2 Adding Names to the CKL-H By-Name List

City of Kawartha Lakes staff will have the sole authority to add and remove names to the By-Name List.

Organizations that can recommend an addition to the BNL include:

- Emergency Shelters
- Transitional Housing providers
- Outreach teams
- Community Partners providing in-community supports to those experiencing homelessness
- Community Partners who identify people within their scope of practice who are experiencing homelessness.

Select representatives from each organization will be identified to send to the BNL Coordinator with the client information including VI-SPDAT score, consents, addition form and confirm document readiness. Documents can be sent by fax, delivered in person or uploaded to the secure BNL webpage managed by the BNL Coordinator.

Please do not email any addition forms, VI-SPDAT's or any other documents that could contain personal and confidential information about an individual between agencies or to the BNL Coordinator.

If contact is lost with a participant, or they return to homelessness after a period of housing, the VI-SPDAT assessment will be updated to reflect any major change in the participant's life circumstances.

People who are successfully added to the BNL are not guaranteed any specific support, program or service. Individuals and families should be encouraged to participate in finding resolutions to their own homelessness when intensive supports are not readily available.

Addition to the BNL does not exclude people from continuing to access and benefit from other community support services.

Once an individual is added to the BNL, the identified Lead Agency will continue to support individuals and families throughout the BNL process until they are matched with the appropriate supports and services. Lead agencies will continue to support clients added to the BNL including but not limited to the following:

1. Continue to engage with the client and encourage them to find resolutions to their own homelessness
2. Provide housing support coordination and case management
3. Obtain consents from collateral partners and invite partners to attend case conferences to help remove barriers to the individual
4. Gather and complete the document readiness process, ensuring the client will be document ready if offered a housing and/or program vacancy
5. Provide updates to the BNL coordinator or share any relevant updates at HCRT

5.3 Removing Names from the CKL-H By-Name List

A person may request to have their name removed from the BNL at any time. They may do so by making this request through their service provider or another Coordinated Entry Point where the request will be forwarded to the BNL Coordinator.

If an individual becomes deceased or requests their name be removed from the list, their name will be moved to the 'inactive' list. In the case of withdrawal of consent or request to have information removed from the BNL, the City of Kawartha Lakes will cease collecting and updating information about the individual and move the individual to inactive with consent withdrawal noted. Should the individual wish to re-engage with the homelessness response system, a new BNL Addition and Consent form will need to be completed through a community entry point.

5.4 Inactive Status on the CKL-H By-Name List

Individuals or families will be moved to inactive on the BNL if they are known to:

- have become stably housed;
- become deceased;
- are missing or without contact for 90 days or more; or
- have moved out of the area.

If an individual or family's status changes, their name will be moved back to the 'active' list without the need to collect additional information. If more than 12 months have passed since

the original consent was signed, the individual or family will be required to sign a new consent form. In all cases, information collected to date will remain in the master BNL database.

*Note: this does not apply to individuals who requested removal from the BNL, who require a new BNL Consent and Addition form.

5.5 Updating VI-SPDAT's & SPDAT's

VI-SPDAT:

If the participant has been out of contact with the support or shelter system for more than 30 consecutive days, the worker should consider a reassessment. The client's file should be consulted to determine if they already have a VI-SPDAT completed. Reassessment is necessary only if the client has had significant life changes since the last VI-SPDAT completion. Even with a change in circumstances, the assessment may not produce a different total score, so reviewing the assessment for accuracy with the client is advised. For example, if a person has been to the emergency room twice in the past month, they may have already scored a "1" in that section on their previous VI-SPDAT, therefore another VI-SPDAT would not necessarily yield a different acuity score. Any change in VI-SPDAT score should be documented and forwarded to the BNL coordinator for an update.

Full SPDAT Assessment:

A full SPDAT may be recommended when the VI-SPDAT is viewed to not accurately reflect the acuity of the individual. In this case, the full SPDAT score will be forwarded to the BNL coordination staff for assessment of acuity for priority status on the BNL.

The full SPDAT assessment will be completed with individuals and families who are connected to any housing or intensive supports programs. The full SPDAT forms the foundation of the care plan for housing stabilization and will be updated on the following schedule:

- At point of move-in to housing
- 30 days post move-in
- Every 3 months following unless something significant has changed.

The full SPDAT will also be used to better understand acuity for individuals and families who remain on the active BNL after 90 days without housing. Referring agencies will be encouraged to re-connect with individuals to gain more information about their barriers to housing and work together with community partners to support resolution of identified barriers.



6. Acuity Based Matching to Housing and Support Interventions

The BNL helps CKL-H to organize responses to homelessness to ensure that housing and support interventions best match an individual or family's unique needs. The BNL is organized according to acuity, or depth of need. This matching process is guided by priorities set by the community in consultation with enumeration initiatives and program outcomes data.

The BNL coordination staff will maintain an up to date list of available, dedicated housing inventory, support resources and the corresponding eligibility criteria. When a housing unit becomes available, a list of the top four (4) individuals or families, with the highest acuity score, who meet the established criteria will be provided to the housing provider for selection.

6.1 Prioritization and Selection Criteria

The Housing and Homelessness Service System has identified 6 key priorities that all BNL referrals will be sorted into. Within each priority, the following rules will be applied to determine individuals' placement on the list:

- Individuals and families who live outdoors or live rough will be given priority
- Individuals who present as tri-morbid, having mental health, physical health, and substance use concerns will be given priority
- Within each priority level, individuals with higher VI-SPDAT scores will be given priority
- If there is still a tie after the above rules have been applied, individuals who have been on the BNL longer will be given priority. If the individuals were added on the same date, both names will be put forward to the housing provider to decide.

In addition, one in every four matching opportunities from the BNL will involve prioritizing youth ages 16-24 and they will be given priority over other age groups within their priority level. In that instance, the service provider will be required to take a youth unless it conflicts with their eligibility criteria. If so, a youth will be prioritized for the next available resource.

Table 1: Prioritization and Selection Criteria

Level	Type of Homelessness	Age	Current Location	Tri-Morbidity	VI-SPDAT Score	Intake
Priority 1	Chronically Homeless*	All	Sleeping Outdoors	Yes	Descending	Oldest to Newest
Priority 2	Chronically Homeless	All	Sleeping Outdoors	No	Descending	Oldest to Newest
Priority 3	Chronically Homeless	All	Sheltered**	Yes	Descending	Oldest to Newest
Priority 4	Chronically Homeless	All	Sheltered	No	Descending	Oldest to Newest
Priority 5	Not Chronically Homeless	All	Anywhere in CKL or Haliburton	Yes	Descending	Oldest to Newest
Priority 6	Not Chronically Homeless	All	Anywhere in CKL or Haliburton	No	Descending	Oldest to Newest

***Note** – Sheltered refers to individuals who are emergency sheltered or provisionally accommodated. (See Appendix A: Canadian Definition of Homelessness.)

****Note** – Chronic Homelessness is defined as an individual or family who is currently homeless and has been homeless for more than an accumulated 6 months in the past 12 months.

For more information, see Appendix M: CKL-H By-Name List Prioritization and Selections Criteria.

Priority criteria will be reviewed at least once a year, in consultation with the community. Data to support priority setting will include homelessness enumerations, housing first evaluation outcomes and support service statistics.

6.2 Client Notification Process

When a dedicated housing or support resource becomes available and document readiness has been completed, the following steps are taken to inform a client that a housing opportunity is available to them:

- The City will review criteria for the available housing and/or support unit and produce a list of four individuals or families who meet the criteria for the unit.
- The list of four will be selected based on descending acuity within the priority; tie breakers will be assigned by chronological date of addition to the BNL.
- The list of four will be forwarded to the housing and/or support provider along with corresponding Consent, Document Readiness, and completed VI-SPDAT.
- The support and/or housing destination staff will select an individual or family from the list of four provided.
- After receiving the information from the City, the housing and/or support destination will connect with the individual or family and offer the available housing and/or support services.

Should the individual accept the offer of housing and/or supports, appropriate steps will be taken to update and complete a care plan, complete a referral agreement with the landlord where appropriate, and connections offered to trustee services.

Should the individual or family not accept the offered housing or supports, they will remain on the BNL without penalty and the organization will select another individual or family from the original list of four to offer the housing and/or supports.

The maximum amount of time the system searches for someone before reporting back is 14 days. Housing and support service providers should make every effort to locate the individual or family to connect them to the available housing and/or supports including consultation and collaboration with other community partners.

If the 14-day mark has been reached and the housing and/or support destination agency has still not successfully housed the individual, they will go on to the next individual from the list of four and contact the BNL coordination staff at Housing Help. As BNL coordinators the City will update the list accordingly and the appropriate agencies will seek to engage with the individual if and when they re-engage with the system. If the system loses contact with a client for 90 days, whether they have moved away, or disengaged, they will be moved to an “inactive” status on the BNL.

6.3 Measures to Ensure Housing Placement Opportunities

It is the intention of the BNL process to ensure that individuals have equitable access to appropriate housing outcomes matched with their individual level of need. The selection

process described above ensures that agencies committed to the BNL inventory have the ability to choose which individual or family will best fit the support caseload or housing placement opportunity.

To ensure that an individual is not excluded from selection, the maximum number of times an individual can be put forward to a housing/support destination for selection is four(4). After being put forward four times, without selection, the individual or family will automatically be assigned the next available unit that meets their individualized criteria and satisfies their location choice.

6.4 Measures to Prevent Re-Entry into Homelessness

There may be some special cases where an individual who had previously been prioritized from the BNL may face a housing unit termination, transfer or an instance where an individual may benefit from transferring to another service provider. The Coordinated Entry System seeks to minimize the number of households and individuals who are exited back to homelessness, only to have to be re-screened, and re-prioritized, and wait again for supportive housing. If the current housing provider is seeking to terminate the tenancy or is requiring the household to transfer, staff should contact the BNL Coordinator and any connected service providers to discuss any and all options besides exiting to homelessness. The solution will be shared with the HCRT community agencies in an effort to be transparent and accountable. Until an alternative option is possible, the current supports will continue to be provided or an alternative solution will be provided to the household ensuring that any solution does not see the return of the household to homelessness.

As the household has already been previously prioritized for community supports and/or a unit off the BNL, that priority will stand unless either;

- a) the individual has achieved their own goals of housing stabilization and no longer requires the supports from the supportive housing program or;
- b) the individual ends their engagement or service with that agency on their own after the agency has completed a case conference and assertively attempted re-engagement.

6.5 Inquiries Regarding BNL Status & Process

Any concerns related to the selection process can be provided by email to bnlcoordinator@kawarthalakes.ca

Endnotes

- ¹ “Housing First,” Canadian Observatory on Homelessness, 2018, <https://www.homelesshub.ca/solutions/housing-accommodation-and-supports/housing-first> (accessed November 23, 2018).
- ² Stephen Gaetz, Fiona Scott & Tanya Gulliver (Eds.), “Housing First in Canada: Supporting Communities to End Homelessness,” (Toronto: Canadian Homelessness Research Network Press, 2013), 5-6.
- ³ Tim Welch, “Building Strong Communities: 2014-2023”, (City of Kawartha Lakes, 2013), 6.
- ⁴ Canadian Observatory on Homelessness, “Canadian Definition of Homelessness,” (Toronto: Canadian Observatory on Homelessness Press, 2012).
- ⁵ Jesse Thistle, “Indigenous Definition of Homelessness in Canada,” (Toronto: Canadian Observatory on Homelessness Press, 2017).
- ⁶ This resource was adapted from the Wellington-Guelph Coordinated Entry Working Group.
- ⁷ For additional information on the SPDAT suite of tools, including versions for families and youth, please visit www.orgcode.com/spdat

Appendix A: Canadian Definition of Homelessness

Canadian Definition Of Homelessness

Canadian Observatory on Homelessness¹

DEFINITION

Homelessness describes the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination. Most people do not choose to be homeless, and the experience is generally negative, unpleasant, unhealthy, unsafe, stressful and distressing.

Homelessness describes a range of housing and shelter circumstances, with people being without any shelter at one end, and being insecurely housed at the other. That is, homelessness encompasses a range of physical living situations, organized here in a **typology** that includes 1) **Unsheltered**, or absolutely homeless and living on the streets or in places not intended for human habitation; 2) **Emergency Sheltered**, including those staying in overnight shelters for people who are homeless, as well as shelters for those impacted by family violence; 3) **Provisionally Accommodated**, referring to those whose accommodation is temporary or lacks security of tenure, and finally, 4) **At Risk of Homelessness**, referring to people who are not homeless, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards. It should be noted that for many people homelessness is not a static state but rather a fluid experience, where one's shelter circumstances and options may shift and change quite dramatically and with frequency.

The problem of homelessness and housing exclusion is the outcome of our broken social contract; the failure of society to ensure that adequate systems, funding and supports are in place so that all people, even in crisis situations, have access to housing and the supports they need. The goal of ending homelessness is to ensure housing stability, which means people have a fixed address and housing that is appropriate (affordable, safe, adequately maintained, accessible and suitable in size), and includes required income, services and supports to enhance their well-being and reduce the risk that they will ever become homeless. This means focusing both on prevention and on sustainable exits from homelessness.

In the spirit of the Truth and Reconciliation Commission's Calls to Action, the definition of homelessness recognizes the overrepresentation of Indigenous Peoples (including First Nations, Inuit, and Métis) amongst Canadian homeless populations resulting from colonization and cultural genocide. The [Definition of Indigenous Homelessness in Canada](#) highlights the necessity of considering the historical, experiential, and cultural perspectives of Indigenous Peoples, as well as the ongoing experience of colonization and racism as central to understanding and addressing Indigenous homelessness. In addition, numerous populations, such as youth, women, families, people with mental health and/or addictions issues, people impacted by violence, seniors, veterans, immigrants, refugees, ethno-racial and racialized people, and members of LGBTQ2S communities experience homelessness due to a unique constellation of circumstances and as such the appropriateness of community responses has to take into account such diversity.

1. In 2012, the COH (formerly the Canadian Homelessness Research Network) established a working group with leaders from the areas of research, policy and practice, to develop, refine and test a new definition. The COH Working Group included: Dr. Stephen Gaetz, Director, Canadian Observatory on Homelessness, York University; Carolann Barr, Executive Director, Raising the Roof; Anita Friesen, Senior Policy Advisor, Program Policy and Planning, Family Violence Prevention and Homeless Supports, Alberta Human Services; Bradley Harris, Social Services Consultant, The Salvation Army; Charlie Hill, Executive Director, National Aboriginal Housing Association; Dr. Kathy Kovacs-Burns, Associate Director, Health Sciences Council, University of Alberta; Dr. Bernie Pauly, Associate Professor, School of Nursing, University of Victoria; Bruce Pearce, President, Canadian Housing Renewal Association; Alina Turner, VP Strategy, Calgary Homeless Foundation; Allyson Marsolais, Project Manager, Canadian Observatory on Homelessness. Based on national consultation, the definition was revised in 2017.

TYPOLOGY

The typology describes the range of accommodations that people without appropriate, stable, and permanent housing may experience. Those without acceptable housing experience a range of different types of homelessness, from being unsheltered to having housing that is insecure or inappropriate. As homelessness is not one single event or state of being, it is important to recognize that at different points in time people may find themselves experiencing different types of homelessness.

1) Unsheltered

This includes people who lack housing and are not accessing emergency shelters or accommodation, except during extreme weather conditions. In most cases, people are staying in places that are not designed for or fit for human habitation.

1.1 PEOPLE LIVING IN PUBLIC OR PRIVATE SPACES WITHOUT CONSENT OR CONTRACT

- **Public space, such as sidewalks, squares, parks, forests, etc.**
- **Private space and vacant buildings (squatting)**

1.2 PEOPLE LIVING IN PLACES NOT INTENDED FOR PERMANENT HUMAN HABITATION

- **Living in cars or other vehicles**
- **Living in garages, attics, closets or buildings not designed for habitation**
- **People in makeshift shelters, shacks or tents**

2) Emergency Sheltered

This refers to people who, because they cannot secure permanent housing, are accessing emergency shelter and system supports, generally provided at no cost or minimal cost to the user. Such accommodation represents a stop-gap institutional response to homelessness provided by government, non-profit, faith based organizations and/or volunteers.

2.1 EMERGENCY OVERNIGHT SHELTERS FOR PEOPLE WHO ARE HOMELESS

These facilities are designed to meet the immediate needs of people who are homeless. Such short-term emergency shelters may target specific sub-populations, including women, families, youth or Aboriginal persons, for instance. These shelters typically have minimal eligibility criteria, offer shared sleeping facilities and amenities, and often expect clients to leave in the morning. They may or may not offer food, clothing or other services. Some emergency shelters allow people to stay on an ongoing basis while others are short term and are set up to respond to special circumstances, such as extreme weather.

2.2 SHELTERS FOR INDIVIDUALS/FAMILIES IMPACTED BY FAMILY VIOLENCE

These shelters provide basic emergency and crisis services including safe accommodation, meals, information, and referral. They provide a high security environment for women (and sometimes men) and children fleeing family violence or other crisis situations. Residents are not required to leave during the day. These facilities offer private rooms for families and a range of supports to help residents rebuild their lives.

2.3 EMERGENCY SHELTER FOR PEOPLE FLEEING A NATURAL DISASTER OR DESTRUCTION OF ACCOMMODATION DUE TO FIRES, FLOODS, ETC.

3) Provisionally Accommodated

This describes situations in which people, who are technically homeless and without permanent shelter, access accommodation that offers no prospect of permanence. Those who are provisionally accommodated may be accessing temporary housing provided by government or the non-profit sector, or may have independently made arrangements for short-term accommodation.

3.1 INTERIM HOUSING FOR PEOPLE WHO ARE HOMELESS

Interim housing is a systems-supported form of housing that is meant to bridge the gap between unsheltered homelessness or emergency accommodation and permanent housing. In some cases referred to as 'transitional housing', this form of accommodation typically provides services beyond basic needs, offers residents more privacy, and places greater emphasis on participation and social engagement. Interim housing targets those who would benefit from structure, support and skill-building prior to moving to long term housing stability, with the ultimate goal of preventing a return to homelessness. In the case of second-stage housing for those impacted by family violence, the key characteristics of this housing are the safety and security it provides, trauma recovery supports, along with the ultimate goal of preventing re-victimization. Interim housing has time limitations on residency, but generally allows for a longer stay (in some cases up to three years) compared to emergency shelters.

3.2 PEOPLE LIVING TEMPORARILY WITH OTHERS, BUT WITHOUT GUARANTEE OF CONTINUED RESIDENCY OR IMMEDIATE PROSPECTS FOR ACCESSING PERMANENT HOUSING

Often referred to as 'couch surfers' or the 'hidden homeless', this describes people who stay with friends, family, or even strangers. They are typically not paying rent, their duration of stay is unsustainable in the long term, and they do not have the means to secure their own permanent housing in the future. They differ from those who are staying with friends or family out of choice in anticipation of prearranged accommodation, whether in their current hometown or an altogether new community. This living situation is understood by both parties to be temporary, and the assumption is that it will not become permanent.

3.3 PEOPLE ACCESSING SHORT TERM, TEMPORARY RENTAL ACCOMMODATIONS WITHOUT SECURITY OF TENURE

In some cases people who are homeless make temporary rental arrangements, such as staying in motels, hostels, rooming houses, etc. Although occupants pay rent, the accommodation does not offer the possibility of permanency. People living in these situations are often considered to be part of the 'hidden homeless' population.

3.4 PEOPLE IN INSTITUTIONAL CARE WHO LACK PERMANENT HOUSING ARRANGEMENTS

Individuals are considered to be provisionally accommodated and 'at risk' of homelessness if there are no arrangements in place to ensure they move into safe, permanent housing upon release from institutional care. This includes individuals who:

- a) were homeless prior to admittance (where their stay may be short-term or long-term) and who have no plan for permanent accommodation after release; or
- b) had housing prior to admittance, but lost their housing while in institutional care; or
- c) had housing prior to admittance, but cannot go back due to changes in their needs.

In either case, without adequate discharge planning and support, which includes arrangements for safe and reliable housing (and necessary aftercare or community-based services), there is a likelihood that these individuals may transition into homelessness following their release. Institutional care includes:

- Penal institutions
- Medical/mental health institutions
- Residential treatment programs or withdrawal management centers
- Children's institutions/group homes

3.5 ACCOMMODATION/RECEPTION CENTERS FOR RECENTLY ARRIVED IMMIGRANTS AND REFUGEES

Prior to securing their own housing, recently arrived immigrants and refugees may be temporarily housed while receiving settlement support and orientation to life in Canada. They are considered to be homeless if they have no means or prospects of securing permanent housing.

4) At Risk of Homelessness

Although not technically homeless, this includes individuals or families whose current housing situations are dangerously lacking security or stability, and so are considered **to be at risk of homelessness**. They are living in housing that is intended for permanent human habitation, and could potentially be permanent (as opposed to those who are provisionally accommodated). However, as a result of external hardship, poverty, personal crisis, discrimination, a lack of other available and affordable housing, insecurity of tenure and / or the inappropriateness of their current housing (which may be overcrowded or does not meet public health and safety standards) residents may be “at risk” of homelessness.

An important distinction to make is between those who are at “imminent risk” of becoming homeless and those who are “precariously housed”.

No matter the level of probability, all who can be categorized as being “at risk” of homelessness possess a shared vulnerability; for them, a single event, unexpected expense, crisis, or trigger is all it may take for them to lose their housing. As the risk factors mount and compound, so too does the possibility of becoming homeless.

4.1 PEOPLE AT IMMINENT RISK OF HOMELESSNESS

Many factors can contribute to individuals and families being at imminent risk of homelessness. Though in some cases individual factors (such as those listed below) may be most significant, in most cases it is the interaction of structural and individual risk that, in the context of a crisis, influence pathways into homelessness. In other words, what separates those who are at risk of homelessness due to *precarious housing* from those who are at *imminent risk*, is the onset of a crisis, a turn in events, or the increase in acuity of one or more underlying risk factors. Factors that may contribute (as singular or co-occurring factors) include:

- **Precarious employment.** Many people have unstable employment and live pay cheque to pay cheque. Precarious employment describes non-standard employment that does not meet basic needs, is poorly paid, part time (when full time work is desired), temporary, and/or insecure and unprotected. An unanticipated expense, increases in cost of living or a change in employment status may undermine their ability to maintain housing.
- **Sudden unemployment** with few prospects and little to no financial savings or assets, or social supports to turn to for assistance.
- **Supported housing with supports that are about to be discontinued.** Some Housing First models provide supports, but on a time-limited basis. If such resources (aftercare, services) are withdrawn but are still needed, individuals and families may be at imminent risk of re-entering homelessness.
- **Households facing eviction**, lacking the resources needed to afford other housing including social supports, or living in areas with low availability of affordable housing.
- **Severe and persistent mental illness, active addictions, substance use and/or behavioural issues.**
- **Division of Household** – caused by situations (such as separation, divorce, conflicts between caregivers and children, or roommates moving out) where the affected do not have the resources to keep the existing housing or secure other stable housing.
- **Violence / abuse (or direct fear of) in current housing situations**, including:
 - People facing family/gender violence and abuse
 - Children and youth experiencing neglect, physical, sexual, and emotional abuse
 - Seniors facing abuse
 - People facing abuse or discrimination caused by racism or homophobia or misogyny
- **Institutional care that is inadequate or unsuited** to the needs of the individual or family.

4.2 INDIVIDUALS AND FAMILIES WHO ARE PRECARIOUSLY HOUSED

Many individuals and families experience severe housing affordability problems, due to their income, the local economy and / or the lack of availability of affordable housing that meets their needs in the local market. The income of these households is not sufficient to cover the household's basic shelter and non-shelter costs. This includes people who are on government benefits but who do not have sufficient funds to pay for basic needs.

The greater the shortfall of income in covering basic costs, the more at risk of homelessness the household is. Those classified as "precariously housed" face challenges that may or may not leave them homeless in the immediate or near future (in the absence of an intervention). Those who manage to retain their housing in such circumstances often do so at the expense of meeting their nutritional needs, heating their homes, providing proper child care and other expenses that contribute to health and well-being.

Precarious and inadequate housing not only relate to household income and the physical structure of the dwelling, but also to lack of access to necessary supports and opportunities, including employment, health care services, clean water and sanitation, schools, child care centres and other social supports and facilities. Housing that is not culturally appropriate in the way it is constructed, the building materials used, and the policies that support it is also considered inadequate.

CMHC defines a household as being in core housing need if its housing: "falls below at least one of the adequacy, affordability or suitability standards and would have to spend 30% or more of its total before-tax income to pay the median rent of alternative local housing that is acceptable (meets all three housing standards)." (CMHC, 2012)

- **Adequate** housing is reported by residents as not requiring any major repairs. Housing that is inadequate may have excessive mold, inadequate heating or water supply, significant damage, etc.
- **Affordable** dwelling costs less than 30% of total before-tax household income. Those in extreme core housing need pay 50% or more of their income on housing. It should be noted that the lower the household income, the more onerous this expense becomes.
- **Suitable** housing has enough bedrooms for the size and composition of the resident household, according to National Occupancy Standard (NOS) requirements.

HOW TO CITE THE CANADIAN DEFINITION OF HOMELESSNESS:

Canadian Observatory on Homelessness. (2012.) **Canadian Definition of Homelessness**. Toronto: Canadian Observatory on Homelessness Press. www.homelesshub.ca/homelessdefinition



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The Canadian Observatory on Homelessness is a non-profit, non-partisan research institute that is committed to conducting and mobilizing research so as to contribute to solutions to homelessness. We work together as a group of researchers, service providers, policy and decision makers, people with lived experience of homelessness as well as graduate and undergraduate students from across Canada with a passion for social justice issues and a desire to solve homelessness in our communities. [Learn more about the COH.](#)

Appendix B: Definition of Indigenous Homelessness in Canada

Definition of

Indigenous Homelessness

in Canada

About The Definition's Design

The colour scheme (red, black, white and yellow) and the representation of the colours as the four directions are used on the cover and within this report to embody significant meanings that exist within First Nations, Métis and Inuit Indigenous cultures.

A central philosophy for many Indigenous Peoples is connectedness. Across Indigenous cultures, the circle serves as a recurring shape that represents interconnectivity, as seen with Indigenous medicine wheels and the Indigenous perspective of “All My Relations.” This is the circle of life.

“All My Relations” is represented by the circular placement of the fireweed, sweetgrass and mayflowers. It is a phrase that encompasses the view that all things are connected, linked to their families, communities, the lands that they inhabit and the ancestors who came before them. Therefore, all beings—animate and inanimate—are viewed as worthy of respect and care and in possession of a purpose are related.

Fireweed is a symbol of Indigenous resistance and perseverance; it is also used as a medicine by many Indigenous cultures across Turtle Island. Its young shoots provide springtime nourishment, its mature stems provide a tough fibre for string and nets, and its flowers produce sweet nectar for bees and other insects. Fireweed (*Epilobium angustifolium*) grows virtually everywhere in North America, as does sweetgrass (*Hierochloe odorata*) and so these plants were chosen to represent of all three Indigenous Peoples. Moreover, braided sweetgrass is burned as an incense in various Indigenous ceremonies and can be counted as one of the most sacred medicines of First Nations, Métis and Inuit peoples on Turtle Island. It is still widely traded and used as a gift.

The deep red-purple of the fireweed signifies success and resistance during challenging times, as this particular flower blooms in summer, but the shoots emerge at the end of the winter season when the remnants of snow are still around.

The greyish-white mayflower is representative of Euro-style colonial settlement, as the first successful colony of English settlers in North America was aboard the Mayflower galleon. Mayflowers, despite their colonial representation, do have a spot within the circle of All My Relations – Algonquin, Cherokee, and Haudenosaunee Peoples have long used mayflowers (*Epigaea repens*) as medicine for kidney disorders, arthritis and relieving pain during childbirth. Therefore, mayflower, as depicted in the circle, represents both the invasive and destructive aspects of settlement, as well as hope because it can be incorporated into the relationship web of All My Relations for its pre-colonial uses to Indigenous Peoples.

About The Definition's Design

Black, yellow, white and red are the four Indigenous colours commonly displayed in a well-known Indigenous medicine wheel. These four colours are often divided into four quadrants and hold meanings that are linked to the seven aspects of life's specific stages: four directions, four elements of life, four medicines, four seasons, and four stages of well-being. The yellow and red placements of the colours throughout the definition work are explicit in graphics. The white and black, however, are implicit and are represented in the white of the background and the black of the texts. The white and the black colours of the medicine wheel literally carry the message of Indigenous Homelessness and articulate it to the world with the help of the red and yellow accents; therefore, the document itself is the medicine wheel.

The placement of the title in its off-centre position was done intentionally, to signify that Indigenous experiences of homelessness are counter to the interconnectivity that is so central to Indigenous cultures. Indigenous individuals who are without home and shelter have been symbolically, as in their lived experiences of homelessness, displaced from their relationships to land, water, place, family, kin, each other, animals, their cultures, languages and identities.

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Layout & design by: Joss Frank / www.jossfrank.com

Definition of Indigenous Homelessness in Canada

Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews.

I) The Definition

Indigenous homelessness is a human condition that describes **First Nations, Métis and Inuit** individuals, families or communities lacking stable, permanent, appropriate housing, or the immediate prospect, means or ability to acquire such housing. Unlike the common colonialist definition of homelessness, Indigenous homelessness is not defined as lacking a structure of habitation; rather, it is more fully described and understood through a composite lens of Indigenous worldviews. These include: individuals, families and communities isolated from their relationships to land, water, place, family, kin, each other, animals, cultures, languages and identities. Importantly, Indigenous people experiencing these kinds of homelessness cannot culturally, spiritually, emotionally or physically reconnect with their Indigeneity or lost relationships (Aboriginal Standing Committee on Housing and Homelessness, 2012).

The complex interactions between these factors in Indigenous homelessness produce situations that intersect with the typology of four kinds of homelessness, as presented in the Canadian Definition of Homelessness. These include: Unsheltered, Emergency Sheltered, Provisionally Accommodated and At Risk of Homelessness. While aspects of these four categories are tied to current housing markets and the limited availability of affordable housing, Indigenous homelessness is not simply a response to such circumstances, but is best understood as the outcome of historically constructed and ongoing settler colonization and racism that have displaced and dispossessed First Nations, Métis and Inuit Peoples from their traditional governance systems and laws, territories, histories, worldviews, ancestors and stories.

Colonization of Indigenous bodies, minds and lands has had the historic and contemporary effect of traumatizing generations of First Nations, Métis and Inuit by disrupting traditional and vital domestic and territorial systems of governance, and obliterating timeless institutions responsible for the socialization of Indigenous Peoples. Linguicide¹ (McCarty, Romero, & Zepeda, 2006), the calculated extermination of Indigenous languages, was the key tool employed by the Canadian state in the intentional undermining and, in some cases, destruction of essential Indigenous social systems, cultures and worldviews. This deep cultural destabilization has produced—and continues to produce—individual and community traumas, responsible for the disproportionate levels of mental, cognitive, behavioural, social and physical challenges faced by Indigenous individuals, families, communities and Nations (Christensen, 2013). This thorough, complex and intentional unravelling of traditional social and cultural systems, known as cultural genocide, has created and prolonged, and continues to perpetuate, Indigenous homelessness in Canada (Menzies, 2007; The Truth and Reconciliation Commission, 2015).

Racism and discrimination aimed at Indigenous peoples are firmly entrenched in Canadian society

The observable manifestations of intergenerational trauma in Indigenous Peoples, such as interperance, addiction and street-engaged poverty, are incorrectly assumed to be causes of homelessness in popular and worldwide blame-the-victim discourses. Obscured behind these discourses are the historical processes and narrative prejudices practiced by the Canadian state and settler society that have produced Indigenous homelessness. Discourse about these processes disappears into myths about flawed Indigenous individuals: mental “illness,” substance abuse, recidivism, delinquency, and other myths.

Racism and discrimination aimed at Indigenous peoples are firmly entrenched in Canadian society, producing impenetrable systemic and societal barriers, such as a lack of affordable and appropriate housing, insufficient and culturally inappropriate health and education services, irrelevant and inadequate employment opportunities, and a crumbling infrastructure in First Nations, Inuit, and Métis communities. The fiduciary abandonment of Indigenous communities by the state, which has greatly contributed to Indigenous homelessness, is manifested by chronic underfunding by the federal, provincial and territorial governments of Canada.

The key to understanding a healthy community, Indigenous or not, is appreciating that cultivation of the human spirit is grounded in emplaced networks of significance. Grounded emplacement gives positive meaning to individual and collective life in social groups and society as a whole, and produces a healthy “sense of place,” as well as a healthy sense of identity. Yet the ineffective political and economic conditions cited above contribute to an assault on the socio-cultural practices and confidence of Indigenous populations, which has made impossible a meaningful sense of emplacement necessary for dignified social experiences for First Nations, Métis, and Inuit Peoples within broader Canadian society. External and foreign factors contribute greatly to rural and urban Indigenous homelessness by neglecting and starving healthy Indigenous relationships—

personal, social, cultural, spiritual and political. These factors are not innate to Indigenous cultural practices; they are instead external and state driven, imposed on, rather than generated by, Indigenous cultural practices.

In addition to uprooting the material and social vectors of experience that predated colonialism, European-style settlement on Indigenous land has extended colonialism's attack on Indigenous Peoples through official policies such as the Indian Act, residential schools, the Métis scrip system, Inuit relocations, and the encroachment and management of national and provincial parks (Sandlos, 2011), among others.

These policies, as well as unfulfilled treaties, physically displaced First Nations, Métis, and Inuit Peoples into unviable, marginal geographic spaces. In these scattered urban and rural ghettos—considered by some to function similarly to African systems of apartheid—poverty, poor housing and economic disadvantage have become normalized.

In some of these marginalized reserve and community spaces, Indigenous Peoples have managed to prosper, but they are a small minority, and most people continue to experience great marginalization in these geographic and social settings. Contemporary Indigenous Homelessness can therefore be understood only by recognizing the injustice that undergirds these settlements and broken treaties (Peters & Robillard, 2009).

*Canadians
must finally
agree on some
difficult truths...*

Canadians must finally agree on some difficult truths:

1. Indigenous people do not choose to be homeless;
2. The experience is negative, stressful and traumatic;
3. Homelessness itself forces a disproportionate number of Indigenous people into activities deemed criminal by the state; and
4. The higher mortality rate in First Nations, Métis and Inuit has been ignored too long.

Lastly, and most importantly, because a lack of home, much as a sense of place or homeplace, is a culturally understood experience, we must develop and recognize an Indigenous definition of homelessness that must inform policy-making to solve the tragedy of Indigenous homelessness.



The 12 dimensions of Indigenous Homelessness

as articulated by Indigenous Peoples
across Canada

Historic Displacement Homelessness

Indigenous communities and Nations made historically homeless after being displaced from pre-colonial Indigenous lands.



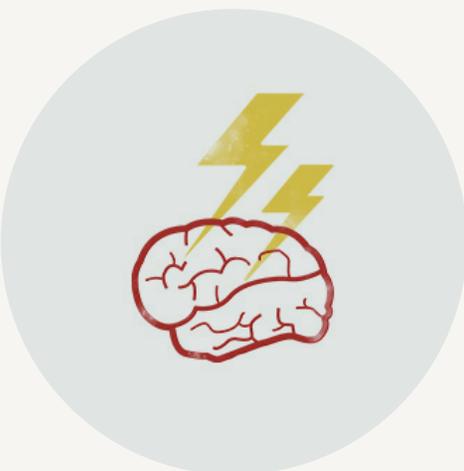
Contemporary Geographic Separation Homelessness

An Indigenous individual's or community's separation from Indigenous lands, after colonial control.



Spiritual Disconnection Homelessness

An Indigenous individual's or community's separation from Indigenous worldviews or connection to the Creator or equivalent deity.



Mental Disruption and Imbalance Homelessness

Mental homelessness, described as an imbalance of mental faculties, experienced by Indigenous individuals and communities caused by colonization's entrenched social and economic marginalization of Indigenous Peoples.

Cultural Disintegration and Loss Homelessness

Homelessness that totally dislocates or alienates Indigenous individuals and communities from their culture and from the relationship web of Indigenous society known as “All My Relations.”



Overcrowding Homelessness

The number of people per dwelling in urban and rural Indigenous households that exceeds the national Canadian household average, thus contributing to and creating unsafe, unhealthy and overcrowded living spaces, in turn causing homelessness.

Relocation and Mobility Homelessness

Mobile Indigenous homeless people travelling over geographic distances between urban and rural spaces for access to work, health, education, recreation, legal and childcare services, to attend spiritual events and ceremonies, have access to affordable housing, and to see family, friends and community members.



Going Home Homelessness

An Indigenous individual or family who has grown up or lived outside their home community for a period of time, and on returning “home,” are often seen as outsiders, making them unable to secure a physical structure in which to live, due to federal, provincial, territorial or municipal bureaucratic barriers, uncooperative band or community councils, hostile community and kin members, lateral violence and cultural dislocation.

Nowhere to Go Homelessness

A complete lack of access to stable shelter, housing, accommodation, shelter services or relationships; literally having nowhere to go.



Escaping or Evading Harm Homelessness

Indigenous persons fleeing, leaving or vacating unstable, unsafe, unhealthy or overcrowded households or homes to obtain a measure of safety or to survive. Young people, women, and LGBTQ2S people are particularly vulnerable.



Emergency Crisis Homelessness

Natural disasters, large-scale environmental manipulation and acts of human mischief and destruction, along with bureaucratic red tape, combining to cause Indigenous people to lose their homes because the system is not ready or willing to cope with an immediate demand for housing.²

Climatic Refugee Homelessness

Indigenous peoples whose lifestyle, subsistence patterns and food sources, relationship to animals, and connection to land and water have been greatly altered by drastic and cumulative weather shifts due to climate change. These shifts have made individuals and entire Indigenous communities homeless.



Appendix C: CKL-H Homelessness Coordinated Response Team (HCRT) Multi-Agency Consent Form



CKL-H Homelessness Coordinated Response Team (HCRT)

HCRT- The Homelessness Coordinated Response Team is a consistent, community case conferencing opportunity where agency representatives from housing, health and social services work together to share information, resources and case planning for those with high acuity (8+ on the VI-SPDAT) and who are experiencing homelessness.

HCRT is not a housing destination and does not have housing units. HCRT is a case conferencing table where community partners share expertise, and work together to find creative ways resolve homelessness for those who are most vulnerable.

HCRT meets every 2nd Wednesday from 2:30pm-4pm at FourCast in CKL

How to participate in HCRT:

- Any community agency member can bring a client's case to a HCRT meeting
- When bringing an individual or family to HCRT, the following general criteria should be met:
 - Individual or family is acutely homeless or living in shelter
 - Individual or family has been homeless for 14+ days
 - Individual or family scores 8+ on the VI-SPDAT triage tool
 - Individual or family is unable to self-resolve homelessness and has agreed to engage with the HCRT collaborative team.
- If this criteria is met, the participating agency member must complete and provide a copy of the following:
 - CKL By-Name Addition and Consent Form
 - HCRT Multi-Agency Consent for Release and Exchange of Information
 - VI SPDAT triage tool (use appropriate Single Adult, Youth or Family tool)
- If the referring agency is not familiar with the VISPDAT, please contact Housing Help at bnlcoordinator@kawarthalakes.ca or call 705-878-9367 for assistance.
- People brought forward at HCRT should live within the City of Kawartha Lakes or County of Haliburton. Sometimes support may begin in anticipation of a client's return to our area.

Responsibilities for agency staff participating at a HCRT meeting:

- Fax the BNL Addition and Consent Form, the VI-SPDAT and the HCRT Multi-Agency Consent to the BNL Coordinator at 705-324-6002 by 4pm on the Tuesday before the scheduled HCRT meeting. Alternatively, please upload the completed files into your agency's folder on Filezilla.
- Complete the HCRT Presentation Outline Document, and be prepared to present the client's situation
- Be willing to work with appropriate HCRT partners to create a care plan for/with client
- Be respectful of client situations and information shared
- Provide client updates as requested after initial HCRT meeting

HCRT Multi-Agency Consent for Release and Exchange of Information To be completed by client

I, _____ Date of Birth: _____
of _____ authorize the **Homelessness Coordinated
Response Team (HCRT) to:**

Release to and request from the following agencies:

- City of Kawartha Lakes – Human Services Division (Social Services, Housing Help)
- Four Counties Addition Services Team (Fourcast),
- Canadian Mental Health Association-HKPR,
- A Place Called Home,
- Haliburton Highlands Health Services,
- Ross Memorial Hospital,
- John Howard Society-Kawartha Lakes Haliburton,
- Women’s Resources,
- YWCA Minden,
- Kawartha Lakes Haliburton Housing Corporation
- Kawartha Lakes Police Service
- Ontario Disability Support Program (ODSP)
- Kawartha Participation Projects (KPP)

Only pertinent information that relates directly to my search for housing and barriers that relate to my ability to find and keep housing, including the risk of imminent housing loss will be shared.

I understand that by signing this form, my personal information will be shared with the above agencies to help connect me to housing and supports when available.

I understand that the agencies listed above and their staff operate as a team. This team approach allows the agencies and their staff to assist me to find and keep stable, permanent housing.

I understand that providing my consent will allow any and all agency staff to speak with each other and to work with the listed community agencies to support me to find and keep permanent housing.

I understand that HCRT agencies who work with me, or on my behalf, will consult with me and each other about my housing needs. This may include sharing information about my personal health and legal issues that may impact my housing needs.

I understand that HCRT agencies will neither request from each other, nor provide to each other, information which is not directly related to assessing or removing barriers to resolving my housing needs.

I understand that I can identify any information that I feel is sensitive or could affect my safety and request that this information not be shared with HCRT.

I understand that my consent to participate is completely voluntary and that I may withdraw my consent at any time.

I understand that I can refuse to sign this form and if I do not sign I will not be prevented from accessing services at this agency and any agency listed above.

I understand that my consent is valid for 12 months, or until such time as I withdraw my consent, whether in writing or verbally, or until my file closes. Consent will be renewed annually.

I further understand that if I have questions about this consent form, I can contact:

_____ at 705 _____
 (Referring Agency and Staff Member Name)

I have read or have had read to me and understand all of the parts of this consent form and give consent.

 Signature (of Client/Guardian/Trustee) _____
 Date Signed

 Signature of Witness – (Signed in presence of the above) _____
 Date Signed

AGENCY USE:		
_____ Witness – Staff Member	_____ Agency	_____ Date Signed

Appendix D: CKL-H By-Name List Identity Protection Process



CKL-H By-Name List Identity Protection Process

Individuals who wish their involvement with the Coordinated Entry System to remain hidden for the sake of their safety, can be protected in the By-Name List Database.

When completing addition forms with clients, the following procedure should be followed:

1. Ask the individual if they have any concerns about any of the staff at agencies in the Coordinated Entry System seeing their information in the BNL.
 - a. If the individual answers “No”, proceed with addition form as usual.
 - b. If the individual answers “Yes”, proceed with Step 2.
2. Ask the individual if they have already signed consent to be entered into the BNL system by completing a BNL referral with another agency in the Coordinated Entry System.
 - a. If the individual answers “No”, continue to work independently with the individual until they are comfortable with providing consent.
 - b. If the individual answers “Yes”, or is not sure, forward the individual’s addition package to the BNL Coordinator for processing. If the individual is not in the BNL Database, the Coordinator will add them in and make sure that any personal identifiers will be hidden from the other agencies.
3. The Lead Agency will be made aware of the assigned personal Unique Identifier that will be assigned to the individual by the BNL Coordinator.
4. If that Unique Identifier is put forward for a matching process, the BNL Coordinator will connect with the Lead Agency to ensure that the individual consents to personal identifying information being shared with the program or housing provider or that a solution where all parties involved can participate in the process is agreed upon.

Notes:

It is important for the individual to understand that even though efforts will be made to protect their anonymity:

- If they have already provided consent to be added to the BNL, their information may have been seen by agency staff.
- If the individual provides their information to another agency in the Coordinated Entry System without expressing their concerns about privacy, their information may be seen by other agency staff.

Appendix E: VI-SPDAT for Single Adults

Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT)

Prescreen Triage Tool for Single Adults

CANADIAN VERSION 2.0

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**COMMUNITY
SOLUTIONS**



Welcome to the SPDAT Line of Products

The Service Prioritization Decision Assistance Tool (SPDAT) has been around in various incarnations for over a decade, before being released to the public in 2010. Since its initial release, the use of the SPDAT has been expanding exponentially and is now used in over one thousand communities across the United States, Canada, and Australia.

More communities using the tool means there is an unprecedented demand for versions of the SPDAT, customized for specific client groups or types of users. With the release of SPDAT V4, there have been more current versions of SPDAT products than ever before.

VI-SPDAT Series

The Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT) was developed as a pre-screening tool for communities that are very busy and do not have the resources to conduct a full SPDAT assessment for every client. It was made in collaboration with Community Solutions, creators of the Vulnerability Index, as a brief survey that can be conducted to quickly determine whether a client has high, moderate, or low acuity. The use of this survey can help prioritize which clients should be given a full SPDAT assessment first. Because it is a self-reported survey, no special training is required to use the VI-SPDAT.

Current versions available:

- VI-SPDAT V 2.0 for Individuals
- VI-SPDAT V 2.0 for Families
- VI-SPDAT V 1.0 for Youth

All versions are available online at

www.orgcode.com/products/vi-spdatt/

SPDAT Series

The Service Prioritization Decision Assistance Tool (SPDAT) was developed as an assessment tool for front-line workers at agencies that work with homeless clients to prioritize which of those clients should receive assistance first. The SPDAT tools are also designed to help guide case management and improve housing stability outcomes. They provide an in-depth assessment that relies on the assessor's ability to interpret responses and corroborate those with evidence. As a result, this tool may only be used by those who have received proper, up-to-date training provided by OrgCode Consulting, Inc. or an OrgCode certified trainer.

Current versions available:

- SPDAT V 4.0 for Individuals
- SPDAT V 2.0 for Families
- SPDAT V 1.0 for Youth

Information about all versions is available online at

www.orgcode.com/products/spdat/

SPDAT Training Series

To use the SPDAT, training by OrgCode or an OrgCode certified trainer is required. We provide training on a wide variety of topics over a variety of mediums.

The full-day in-person SPDAT Level 1 training provides you the opportunity to bring together as many people as you want to be trained for one low fee. The webinar training allows for a maximum of 15 different computers to be logged into the training at one time. We also offer online courses for individuals that you can do at your own speed.

The training gives you the manual, case studies, application to current practice, a review of each component of the tool, conversation guidance with prospective clients – and more!

Current SPDAT training available:

- Level 0 SPDAT Training: VI-SPDAT for Frontline Workers
- Level 1 SPDAT Training: SPDAT for Frontline Workers
- Level 2 SPDAT Training: SPDAT for Supervisors
- Level 3 SPDAT Training: SPDAT for Trainers

Other related training available:

- Excellence in Housing-Based Case Management
- Coordinated Access & Common Assessment
- Motivational Interviewing
- Objective-Based Interactions

More information about SPDAT training, including pricing, is available online at

<http://www.orgcode.com/product-category/training/spdat/>

Administration

Interviewer's Name _____	Agency _____	<input type="checkbox"/> Team <input type="checkbox"/> Staff <input type="checkbox"/> Volunteer
Survey Date DD/MM/YYYY ___/___/____	Survey Time ___:___ AM/PM	Survey Location _____

Opening Script

Every assessor in your community regardless of organization completing the VI-SPDAT should use the same introductory script. In that script you should highlight the following information:

- the name of the assessor and their affiliation (organization that employs them, volunteer as part of a Point in Time Count, etc.)
- the purpose of the VI-SPDAT being completed
- that it usually takes less than 7 minutes to complete
- that only “Yes,” “No,” or one-word answers are being sought
- that any question can be skipped or refused
- where the information is going to be stored
- that if the participant does not understand a question or the assessor does not understand the question that clarification can be provided
- the importance of relaying accurate information to the assessor and not feeling that there is a correct or preferred answer that they need to provide, nor information they need to conceal

Basic Information

First Name _____	Nickname _____	Last Name _____
In what language do you feel best able to express yourself? _____		
Date of Birth DD/MM/YYYY ___/___/____	Age _____	Social Insurance Number _____
		Consent to participate <input type="checkbox"/> Yes <input type="checkbox"/> No

IF THE PERSON IS 60 YEARS OF AGE OR OLDER, THEN SCORE 1.

SCORE:

A. History of Housing and Homelessness

1. Where do you sleep most frequently? (check one)

- Shelters
- Couch Surfing**
- Outdoors**
- Other (specify):**

Refused

IF THE PERSON ANSWERS ANYTHING OTHER THAN "SHELTER", THEN SCORE 1.

SCORE:

2. How long has it been since you lived in permanent stable housing? _____

Refused

3. In the last year, how many times have you been homeless? _____

Refused

IF THE PERSON HAS EXPERIENCED 6 OR MORE CONSECUTIVE MONTHS OF HOMELESSNESS, AND/OR 3+ EPISODES OF HOMELESSNESS, THEN SCORE 1.

SCORE:

B. Risks

4. In the past six months, how many times have you...

a) Received health care at an emergency department/room? _____

Refused

b) Taken an ambulance to the hospital? _____

Refused

c) Been hospitalized as an inpatient? _____

Refused

d) Used a crisis service, including sexual assault crisis, mental health crisis, family/intimate violence, distress centers and suicide prevention hotlines? _____

Refused

e) Talked to police because you witnessed a crime, were the victim of a crime, or the alleged perpetrator of a crime or because the police told you that you must move along? _____

Refused

f) Stayed one or more nights in a holding cell, jail or prison, whether that was a short-term stay like the drunk tank, a longer stay for a more serious offence, or anything in between? _____

Refused

IF THE TOTAL NUMBER OF INTERACTIONS EQUALS 4 OR MORE, THEN SCORE 1 FOR EMERGENCY SERVICE USE.

SCORE:

5. Have you been attacked or beaten up since you've become homeless? Y N Refused

6. Have you threatened to or tried to harm yourself or anyone else in the last year? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF HARM.

SCORE:

7. Do you have any legal stuff going on right now that may result in you being locked up, having to pay fines, or that make it more difficult to rent a place to live? Y N Refused

IF "YES," THEN SCORE 1 FOR LEGAL ISSUES. **SCORE:**

8. Does anybody force or trick you to do things that you do not want to do? Y N Refused

9. Do you ever do things that may be considered to be risky like exchange sex for money, run drugs for someone, have unprotected sex with someone you don't know, share a needle, or anything like that? Y N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR RISK OF EXPLOITATION. **SCORE:**

C. Socialization & Daily Functioning

10. Is there any person, past landlord, business, bookie, dealer, or government group like the CRA that thinks you owe them money? Y N Refused

11. Do you get any money from the government, a pension, an inheritance, working under the table, a regular job, or anything like that? Y N Refused

IF "YES" TO QUESTION 10 OR "NO" TO QUESTION 11, THEN SCORE 1 FOR MONEY MANAGEMENT. **SCORE:**

12. Do you have planned activities, other than just surviving, that make you feel happy and fulfilled? Y N Refused

IF "NO," THEN SCORE 1 FOR MEANINGFUL DAILY ACTIVITY. **SCORE:**

13. Are you currently able to take care of basic needs like bathing, changing clothes, using a restroom, getting food and clean water and other things like that? Y N Refused

IF "NO," THEN SCORE 1 FOR SELF-CARE. **SCORE:**

14. Is your current homelessness in any way caused by a relationship that broke down, an unhealthy or abusive relationship, or because family or friends caused you to become evicted? Y N Refused

IF "YES," THEN SCORE 1 FOR SOCIAL RELATIONSHIPS. **SCORE:**

D. Wellness

15. Have you ever had to leave an apartment, shelter program, or other place you were staying because of your physical health? **Y** N Refused
16. Do you have any chronic health issues with your liver, kidneys, stomach, lungs or heart? **Y** N Refused
17. Do you have any physical disabilities that would limit the type of housing you could access, or would make it hard to live independently because you'd need help? **Y** N Refused
18. When you are sick or not feeling well, do you avoid getting help? **Y** N Refused
19. **FOR FEMALE RESPONDENTS ONLY:** Are you currently pregnant? **Y** N N/A or Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **PHYSICAL HEALTH**.

SCORE:

20. Has your drinking or drug use led you to being kicked out of an apartment or program where you were staying in the past? **Y** N Refused
21. Will drinking or drug use make it difficult for you to stay housed or afford your housing? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **SUBSTANCE USE**.

SCORE:

22. Have you ever had trouble maintaining your housing, or been kicked out of an apartment, shelter program or other place you were staying, because of:
- a) A mental health issue or concern? **Y** N Refused
- b) A past head injury? **Y** N Refused
- c) A learning disability, developmental disability, or other impairment? **Y** N Refused
23. Do you have any mental health or brain issues that would make it hard for you to live independently because you'd need help? **Y** N Refused

IF "YES" TO ANY OF THE ABOVE, THEN SCORE 1 FOR **MENTAL HEALTH**.

SCORE:

IF THE RESPONENT SCORED 1 FOR **PHYSICAL HEALTH** AND 1 FOR **SUBSTANCE USE** AND 1 FOR **MENTAL HEALTH**, SCORE 1 FOR **TRI-MORBIDITY**.

SCORE:

24. Are there any medications that a doctor said you should be taking that, for whatever reason, you are not taking? Y N Refused

25. Are there any medications like painkillers that you don't take the way the doctor prescribed or where you sell the medication? Y N Refused

IF "YES" TO ANY OF THE ABOVE, SCORE 1 FOR MEDICATIONS. **SCORE:**
[]

26. **YES OR NO:** Has your current period of homelessness been caused by an experience of emotional, physical, psychological, sexual, or other type of abuse, or by any other trauma you have experienced? Y N Refused

IF "YES", SCORE 1 FOR ABUSE AND TRAUMA. **SCORE:**
[]

Scoring Summary

DOMAIN	SUBTOTAL	RESULTS
PRE-SURVEY	/1	Score: Recommendation: 0-3: no housing intervention 4-7: an assessment for Rapid Re-Housing 8+: an assessment for Permanent Supportive Housing/Housing First
A. HISTORY OF HOUSING & HOMELESSNESS	/2	
B. RISKS	/4	
C. SOCIALIZATION & DAILY FUNCTIONS	/4	
D. WELLNESS	/6	
GRAND TOTAL:	/17	

Follow-Up Questions

On a regular day, where is it easiest to find you and what time of day is easiest to do so?	place: _____ time: ___ : ___ or Morning/Afternoon/Evening/Night
Is there a phone number and/or email where someone can safely get in touch with you or leave you a message?	phone: (____) _____ - _____ email: _____
Ok, now I'd like to take your picture so that it is easier to find you and confirm your identity in the future. May I do so?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused

Communities are encouraged to think of additional questions that may be relevant to the programs being operated or your specific local context. This may include questions related to:

- military service and nature of discharge
- ageing out of care
- mobility issues
- legal status in country
- income and source of it
- current restrictions on where a person can legally reside
- children that may reside with the adult at some point in the future
- safety planning

Appendix A: About the VI-SPDAT

In communities getting the results required to end chronic and episodic homelessness, the introduction of a coordinated access and common assessment approach has proven to be essential for success. Many communities have struggled to find evidence informed tools and strategies, which demands an investment of considerable time, resources and expertise. Others are making it up as they go along, using “gut instincts” in lieu of solid evidence. Communities need tools that enhance their ability to quickly implement an effective approach to access and assessment. The VI-SPDAT is a first-of-its-kind tool designed to fill this need, helping communities end homelessness in a quick, strategic fashion.

The VI-SPDAT

The VI-SPDAT was initially created by combining the elements of the Vulnerability Index which was created and implemented by Community Solutions broadly in the 100,000 Homes Campaign, and the SPDAT Prescreen Instrument that was part of the Service Prioritization Decision Assistance Tool. The combination of these two instruments was performed through extensive research and development, and testing. The development process included the direct voice of hundreds of persons with lived experience.

The VI-SPDAT examines factors of current vulnerability and future housing stability. It follows the structure of the SPDAT assessment tool, and is informed by the same research backbone that supports the SPDAT - almost 300 peer reviewed published journal articles, government reports, clinical and quasi-clinical assessment tools, and large data sets. The SPDAT has been independently tested, as well as internally reviewed. The data overwhelmingly shows that when the SPDAT is used properly, housing outcomes are better than when no assessment tool is used.

The VI-SPDAT is a triage tool. It highlights areas of higher acuity, thereby helping to inform the type of support and housing intervention that may be most beneficial to improve long term housing outcomes. It also helps inform the order - or priority - in which people should be served. The VI-SPDAT does not make decisions; it informs decisions. The VI-SPDAT provides data that communities, service providers, and people experiencing homelessness can use to help determine the best course of action next.

Version 2

Version 2 builds upon the success of Version 1 of the VI-SPDAT with some refinements. Starting in August 2014, a survey was launched of existing VI-SPDAT users to get their input on what should be amended, improved, or maintained in the tool. Analysis was completed across all of these responses. Further research was conducted. Questions were tested and refined over several months, again including the direct voice of persons with lived experience and frontline practitioners. Input was also gathered from senior government officials that create policy and programs to help ensure alignment with guidelines and funding requirements.

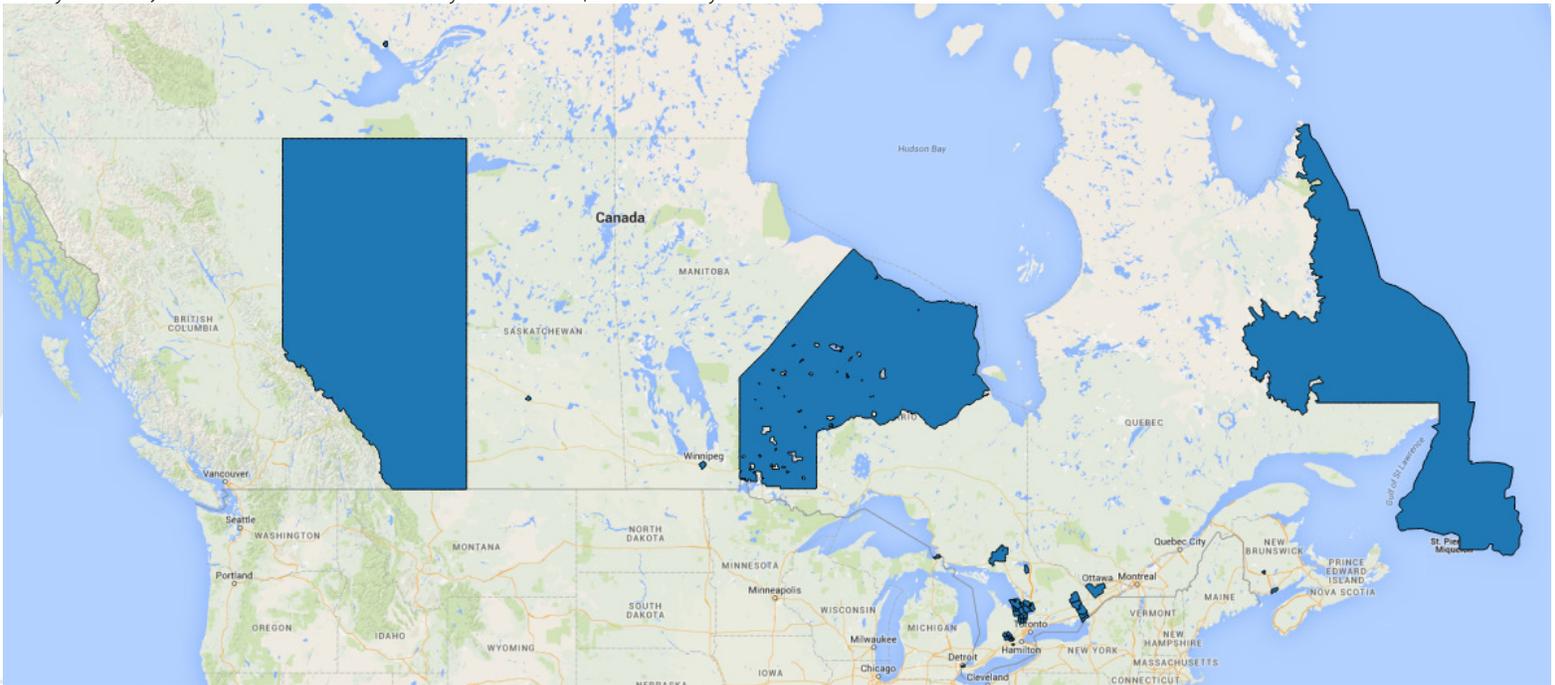
You will notice some differences in Version 2 compared to Version 1. Namely:

- it is shorter, usually taking less than 7 minutes to complete;
- subjective elements through observation are now gone, which means the exact same instrument can be used over the phone or in-person;
- medical, substance using, and mental health questions are all refined;
- you can now explicitly see which component of the full SPDAT each VI-SPDAT question links to; and,
- the scoring range is slightly different (Don't worry, we can provide instructions on how these relate to results from Version 1).

Appendix B: Where SPDAT products are being used in Canada

Since the VI-SPDAT is provided completely free of charge, and no training is required, any community is able to use the VI-SPDAT without the explicit permission of Community Solutions or OrgCode Consulting, Inc. As a result, the VI-SPDAT is used in more communities than we know of. It is also being used in the United States and Australia. A partial list of regions in Canada where we know SPDAT products are being used includes:

- | | | | |
|---|--|---|---|
| <p>Alberta</p> <ul style="list-style-type: none"> • Province-wide <p>Manitoba</p> <ul style="list-style-type: none"> • City of Winnipeg <p>New Brunswick</p> <ul style="list-style-type: none"> • City of Fredericton • City of Saint John | <p>Newfoundland and Labrador</p> <ul style="list-style-type: none"> • Province-wide <p>Northwest Territories</p> <ul style="list-style-type: none"> • City of Yellowknife <p>Ontario</p> <ul style="list-style-type: none"> • City of Barrie/Simcoe County • City of Brantford/Brant County | <ul style="list-style-type: none"> • City of Greater Sudbury • City of Kingston/Frontenac County • City of Ottawa • City of Windsor • District of Kenora • District of Parry Sound • District of Sault Ste Marie | <ul style="list-style-type: none"> • Regional Municipality of Waterloo • Regional Municipality of York <p>Saskatchewan</p> <ul style="list-style-type: none"> • Saskatoon |
|---|--|---|---|



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Appendix F: SPDAT Scoring Comparison Chart



SPDAT Score Comparison Chart

Intervention Recommendation	Single Adult		Youth		Family		Justice
	VI-SPDAT	FULL SPDAT	VI-SPDAT	FULL SPDAT	VI-SPDAT	FULL SPDAT	VI-SPDAT
LOW ACUITY No Housing Intervention (Diversion)	0-3	0-19	0-3	0-19	0-3	0-26	0-3
MID ACUITY Rapid Re-Housing	4-7	20-34	4-7	20-34	4-8	27-53	4-7
HIGH ACUITY Permanent Supportive Housing/ Housing First	8 - 13	35-49	8 - 13	35-49	9+	54-80	8+
	14 - 17	50-60	14 - 17	50-60			

Appendix G: KL-H Homelessness Coordinated Response Team – Terms of Reference and Operations Manual

HOMELESSNESS COORDINATING RESPONSE TEAM (HCRT) TERMS OF REFERENCE (v. 01/08/2017)

Preamble:

The Homelessness Coordinating Response Team (HCRT) is a case conferencing mechanism that incorporates funded positions through the Homelessness Partnering Strategy (HPS) and the Community Homelessness Prevention Initiative (CHPI) as well as other resources currently providing services to the homeless population in the City of Kawartha Lakes and County of Haliburton. HCRT is intended to link these component parts together to form a coordinated community response for those experiencing homelessness and work together to address and remove barriers to permanent housing.

HCRT's intention is to develop a team approach to co-ordination and care that includes leveraging all the existing resources through case conferencing, shared care and integrated response. HCRT's goal is to working together on case finding, case conferencing, care/response planning, housing placement and housing retention and reduce and/or eliminate barriers for clients to access services they require.

Mandate:

Leverage existing resources and expertise of a collaborative team to achieve optimal housing placements and supports for those experiencing homelessness or at risk of homelessness.

Membership

Core Members:

- A Place Called Home
- Canadian Mental Health Association – HKPR
- Four Counties Addiction Services Team (Fourcast)
- City of Kawartha Lakes Housing Help
- Haliburton Highlands Integrated Health Services
- John Howard Society
- City of Kawartha Lakes Social Services
- Kawartha Lake Haliburton Housing Corporation
- Women's Resources
- YWCA Minden
- Kawartha Lakes Police (?)

Membership will be comprised of frontline staff of the member organizations providing services directly to homeless or at risk of homelessness in CKL-H area. Fourcast and Housing Help will commit Supervisor staff support to HCRT.

Meeting Schedule:

Meetings are generally scheduled as a 1.5 hour meeting every other Wednesday and take place at either FourCAST or CKL Social Services.

Meeting Protocols:

- Every HCRT member, and all visiting attendees will sign an Oath of Confidentiality Form.
- Fourcast staff will chair the meetings and update the HCRT Active Client List. Regrets when unable to attend can be sent to housinghelp@kawarthalakes.ca
- Meetings will follow this general format:
 - Introductions
 - Approval of agenda
 - New referrals
 - Client updates
 - Trustee update
 - Good News stories
 - New Emerging Challenges
 - Community Updates
- All HCRT members are responsible to notify Housing Help of client names (first name, last initial) to be added to the agenda as new referrals, updates, or discharges by 4pm on the Tuesday before the scheduled HCRT meeting. Notification can be left by voicemail at 705-878-9367, extension 3123

Accountability

HCRT members are accountable to the following stakeholders:

- their clients
- their own agency
- each other
- The Homelessness Response Steering Committee
- funders

Reporting

Each member will report on HCRT developments to their own supervisor/manager and/or Executive Director on a frequency and through a process (e.g. supervision) to be determined by the member's agency.

A quarterly report of HCRT activities (number of clients on HCRT List, number of clients successfully housed, etc) will be provided to the HCRT partners.

REVIEW DATE: August 9, 2017

**City of Kawartha Lakes and County of Haliburton
Homelessness Coordinated Response Team (HCRT)
Operating Manual**

HCRT Eligibility Criteria:

HCRT exists to provide coordinated, integrated and seamless service to people who are homeless, *and who;*

- Have been homeless for 14 days or more.
- Have multiple, complex challenges that create barriers to obtaining and maintaining permanent, safe and appropriate housing
- Are experiencing homelessness (unsheltered, emergency sheltered, couch surfing, transitional housing, or inappropriately housed) – and unable to resolve their own homelessness in the next 30 days.
- Could benefit from engagement from the HCRT team as identified by a team member or a community partner.
- Have a Vulnerability Index-Service Prioritization Decision Assistance Tool (VI-SPDAT) score of 8+

Referral Process

- Any member can bring forward an individual for discussion at the HCRT table.
- When bringing forward a client's case to HCRT, the above eligibility criteria should be met
- If this criteria is met, the referring HCRT member must provide the following:
 - HCRT Addition Form (See Appendix A)
 - Multi-Agency Consent for Release and Exchange of Information (See Appendix B)
 - VI-SPDAT triage tool
- Most people supported live within the City of Kawartha Lakes and the County of Haliburton. Support may begin in anticipation of a client's arrival to our area if they have an established connection to CKL-H. Clients may need assistance to get connected to supports and where transition planning is required. This results in a seamless transfer to our area.
- Referrals can be made by external sources (outside of HCRT current membership) through one of the team members.

Responsibilities for referring worker

- Have all consents in place before bringing a client 'to the table'
- Be prepared to present the case and provide the following information:
 - Basic overview of client's current state of homelessness
 - Brief history of housing and homelessness
 - Brief overview of clients barriers to obtaining and maintaining housing
 - Summary of what supports the client would like from HCRT
 - Summary of support that the referring worker would like from HCRT

- Provide client names (first name, last initial,) to be added to the agenda as new referral to Housing Help by fax 705-324-6002 or by voicemail 705-878-9367, extension 3123 by 4pm on the Tuesday before the scheduled HCRT meeting
- Be willing to work with appropriate HCRT partners and the client(s) to address barriers to permanent housing.
- Be respectful of client situations and information shared.
- Client list will be reviewed monthly regarding client status, housing updates, and discharges

Client Update

Client Updates will be shared with the HCRT table where appropriate. All updates should be added to the agenda to help to prepare HCRT partners in advance of the meeting.

- To add a individual or family to the HCRT agenda the client names (first name, last initial,) should be provided to Housing Help to Housing Help by fax 705-324-6002 or by voicemail 705-878-9367, extension 3123, by 4pm on the Tuesday before the scheduled HCRT meeting

Discharge

The HCRT team, including the client, collectively decide whether a client is ready for discharge from the case conferencing table. Discharge discussions are held monthly at regular HCRT meetings. Any member of HCRT can recommend an HCRT client for discharge. If the HCRT team recommends discharge, the member agency who recommended discharge will be responsible to complete the discharge plan and forwards a copy to all members. (See Appendix C: Discharge Summary)

Criteria for discharge include but are not limited to:

- Client housing stabilization goals are met and client is progressing
- Client is connected to stable housing
- Client is linked to appropriate services
- Client is not engaging with HCRT members and/or services and all options have been explored
- Client withdraws consent
- Client moves from area, or HCRT team is otherwise unable to locate client
- Client deceased

Evaluation

A quarterly report of HCRT activities (number of clients on HCRT By-Name List, number of clients successfully housed, etc) will be provided to the HCRT partners.

Appendix H: CKL-H By-Name List Addition and Consent Form

City of Kawartha Lakes & County of Haliburton Coordinated Entry System CKL-H By-Name List Addition and Consent Form

This page to be completed by client

What is the CKLH By-Name-List (BNL)?

The BNL is an up-to-date list of all individuals and families experiencing homelessness in the CKL-H area. The goal of the BNL is to match homeless individuals and families to appropriate housing and support services based on their unique needs. People identified as being at the greatest risk are offered available housing services and supports first. When housing options are not readily available, the BNL Coordinator and Housing Help staff will explore existing services and supports to help support and keep people safe while looking for housing solutions.

By signing below, I give permission to the City of Kawartha Lakes - Housing Help Division to add my personal information to the City of Kawartha Lakes and County of Haliburton By-Name List.

I understand that the following information will be added to the By Name List:

- Name, Date of Birth and all information on the Addition Form (Page 2&3)
- The score of the VI-SPDAT assessment
- Current state of housing
- Contact information

I understand that landlords involved in the housing and homelessness system will be able to see my information on the By Name List.

I understand that the following agencies will have access to my information on the By Name List:

<ul style="list-style-type: none"> • City of Kawartha Lakes- Human Services Division, <ul style="list-style-type: none"> ➤ Housing Help, Social Services • Four Counties Addiction Services Team (Fourcast) • CMHA-HKPR, • A Place Called Home, • Women’s Resources, • Kawartha Lakes Haliburton Housing Corporation • Kawartha Participation Projects 	<ul style="list-style-type: none"> • Haliburton Highlands Health Services, • Ross Memorial Hospital, • John Howard Society-Kawartha Lakes Haliburton, • Kawartha Lakes Police Services • YWCA Minden • Ontario Disability Support Program (ODSP)
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I understand that Housing Help staff may contact me to tell me about housing and support services when they become available.

I understand that I can contact Housing Help if I would like my name to be removed from the By-Name List at any time.

First and last name: (please print)	
Signature:	Date:
First and last name of witness (please print)	
Signature:	Date:

CKL-H By-Name List Addition and Consent Form

To be completed by agency member and client

Any individual experiencing homelessness for 14 or more days in the City of Kawartha Lakes and the County of Haliburton is eligible to be added to the By-Name List (BNL). The BNL is used to prioritize appropriate resources to individuals and families based on their unique needs.

Consent, Privacy and Agency Information			
Has the client signed BNL Consent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Consent Date: (DD/MM/YYYY)	
Does the client have any concerns about sharing consent with agencies in the Coordinated Entry System?	If YES , proceed according to the Identity Protection Protocol.		
Does the client want to be anonymous?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Referring Agency:		Referring staff member:	
Date of Referral (DD/MM/YYYY):			
Basic Client Information			
First Name:	Last Name:		
Nickname (Alias):	Date of Birth: (DD/MM/YYYY)	Age:	
Gender Identity:	Veteran Status: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Citizenship Status:	Indigenous Status or Ancestry	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Children in Household: <input type="checkbox"/> Yes <input type="checkbox"/> No	Number of Children in Household:		
Household Type:			
<input type="checkbox"/> Single Adult <input type="checkbox"/> Family <input type="checkbox"/> Youth (16-24) <input type="checkbox"/> Senior (60+) <input type="checkbox"/> Couple <input type="checkbox"/> Youth Head of Household			
Primary Community:			
<input type="checkbox"/> Lindsay <input type="checkbox"/> Fenlon Falls <input type="checkbox"/> Bobcaygeon <input type="checkbox"/> Minden <input type="checkbox"/> Haliburton <input type="checkbox"/> Other: _____			
Assessment			
What assessment was completed?			
<input type="checkbox"/> VI-SPDAT – Adult <input type="checkbox"/> VI-SPDAT – Youth <input type="checkbox"/> VI-SPDAT – Family <input type="checkbox"/> VI-SPDAT Declined			
Date of VISDPAT:		Score:	
Name of Assessor:		Assessment Agency:	
Would you like to present this client to HCRT? (If YES, attach completed HCRT Consent)			
<input type="checkbox"/> Yes <input type="checkbox"/> No			

History of Homelessness

Current housing/shelter situation:

- Emergency Shelter Outside Couch Surfing Hospital Incarcerated Motel
 Transitional Housing Room Unknown Vehicle Other: _____

In total, how many times (#) has the client been homeless over the past year?

When did this current episode of homelessness start? (DD/MM/YYYY)

In total, how much time has the client been homeless over the past year?	DAYS	WEEKS	MONTHS
--	------	-------	--------

In total, how much time has the client been homeless over their entire lifetime?	DAYS	WEEKS	MONTHS
--	------	-------	--------

Is the client connected to any supports? (check all that are applicable):

- ICM- FourCast ICM – HHHS Housing Help ABI – CM
 CMHA Case Management CCAC KPP Trustee
 JHS Transitional Housing Other: _____

Housing Search Information

Does the client require an accessible or modified unit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	# bedrooms required?	
---	--	----------------------	--

What are the client's sources of income?

- OW ODSP OBIP CPP Pension (Other) Employment Other: _____

Client's monthly income:		Name of OW/ODSP Worker:	
--------------------------	--	-------------------------	--

Does the client have any of the following valid government issued ID?

- Birth Certificate Social Insurance Number Driver's License Health Card
 Passport Status Card PR Card Armed Forces ID

Any Additional Assets: Yes No **Document Readiness completed:** Yes No

What community is the client willing to live in? Please check all that apply.

- Lindsay Fenlon Falls Bobcaygeon Minden Haliburton Omemee
 Any community in CKL Any community in COH Any community in CKL and COH
 Other: _____

Is there any other information that can be useful when matching the client to housing?

Any questions about this form or the intake process, as well as completed forms that need to be entered into the BNL database can be forwarded to the BNL Coordinator at bnlcoordinator@kawarthalakes.ca

Appendix I: CKL-H Homelessness Supports and Housing Destination Inventory



CKL-H Homelessness Supports and Housing Destination Inventory

Landlord Name	Support Agency Name	Program Type	Building Description	Number of Units	Unit size(s)	Household Type (Individuals/couples/families/youth/seniors)	BNL client priority	Other Notes
Various-private	FourCast- HPS ICM	Housing Intensive Case Management	Various	3-6	Various	Various	1,2,3,4	Portable Housing Benefit (PHB)
KLH Housing Corp.	FourCast- HPS ICM	Housing Intensive Case Management	Riverview Apts.(2), Sussex Place (2), Willabond Apts.(2), Flynn Gardens (3)- Lindsay	9	1 bedroom	Individuals, couples, youth, seniors	1,2,3,4	PHB
KLH Housing Corp.	FourCast- HPS ICM	Housing Intensive Case Management	Cottingham Court – Omemee(1), Little Bob Gardens, Bobcaygeon (1), Cliffside Villa, Fenlon Falls (1)	3	1 bedroom	Individuals, couples, youth, seniors	1	PHB
KLH Housing Corp.	FourCast- HPS ICM	Housing Intensive Case Management	Nayoro Place (1), Red Pines (1), - Lindsay	2	3-4 bedroom	Families	1,2,3,4	PHB
KLH Housing Corp.	FourCast- CHPI ICM	Housing Intensive Case Management	68 Lindsay Street	24	1 bedroom	Individuals, couples, youth, seniors	1,2,3,4	Affordable Housing Program
KLH Housing Corp.	HHHS-Integrated Mental Health Services	Housing Intensive Case Management	Devan Court - Lindsay(4), 610 Mountainview - Haliburton (1), 6 Parkside Street-Minden (2), 4977 County Rd. 21-Haliburton (3), 57 Parkside Street-Minden (1)	11	1 bedroom	Individuals, couples, youth, seniors	5,6	
KLH Housing Corp.	Kawartha Participation Projects	Case Management -Supportive Housing	Devan Court – Lindsay(1)	1	1 bedroom	Individuals, couples, youth, seniors	2,4,5	PHB



Landlord Name	Support Agency Name	Program Type	Building Description	Number of Units	Unit size(s)	Household Type (Individuals/couples/families/youth/seniors)	BNL client priority	Other Notes
Market Square Non Profit Housing Corp.	CMHA	Case Management	40 Main Street – Bobcaygeon (6), 35 Cambridge Street South – Lindsay (3)	9	1 Bedroom	Individuals	2,4,5,6	Rent Supp.
Kawartha Lakes & Haliburton Mental Health Services	CMHA	Case Management	2 Hamilton Street – Lindsay (16)	16	1 bedroom	Individuals	2,4,5,6	DOOR Housing Allowance

Appendix J: CKL-H By-Name List Process

The City of Kawartha Lakes and County of Haliburton (CKL-H) By-Name List (BNL) is a real time, up to date list of all people known to be experiencing homelessness in CKL-H. Once individuals are added to the BNL they will be prioritized based on their level of need and vulnerability. They will be referred to an appropriate housing intervention or community supports dedicated to resolving homelessness as those resources become available.

Step 1: Community Entry Points

Individuals or families experiencing homelessness connect with Community Entry Points (CEP) in the CKL-H. These CEP's are agencies that regularly encounter individuals or families who are experiencing homelessness and are either:

1. Unsheltered (sleeping outside, vehicle etc.);
2. Emergency Sheltered; or
3. Temporarily Sheltered (couch surfing, motel etc.)



Community Entry Points include: A Place Called Home, FourCast, CMHA, CKL Human Services, Haliburton Highlands Health Services, Women's Resources, YWCA-Minden

Step 2: Check Status on BNL

When an individual or family presents as homeless at a CEP, the agency should check the BNL in the Community Shared Folder on the Portal (Filezilla) to see if the individual is already on the BNL. If YES, please update their status in the BNL. If NO, please continue to Step 3.



Step 3: Additions and Common Assessments

If an individual has been experiencing homelessness for at least 14 days, CEP's will complete the BNL Consent Form, BNL Addition Form and the appropriate VI-SPDAT Assessment.



TAY-VI-SPDAT:

Independent youth who is 16-24 years old.



VI-SPDAT:

Individual adults, 25 years and older. If a couple with no children, administer a separate VI-SPDAT with each individual.



F-VI-SPDAT:

Parent/guardian with dependent children (under 18 years old) or who would regain custody of their children (under 18 years old) if they find housing.

*If an individual or family presents with a VI-SPDAT score of 8 or higher, the Lead Agency worker may also complete a Homelessness Coordinated Response Team (HCRT) Addition and Consent Form to engage in case conferencing. This can be completed at any point of engagement with the individual or family.

All addition forms and documents for the BNL and HCRT can be faxed, delivered in person or added in your closed agency folder in Filezilla.

Step 4: Prioritization on the BNL

Individuals and families are prioritized on the BNL for the appropriate housing and supports based on their situation and priority criteria. Individuals and families should be encouraged to participate in finding resolutions to their own homelessness when intensive supports are not readily available.



Step 5: Lead Agency Role

Once an individual is added to the BNL, the identified Lead Agency will continue to support individuals and families throughout the BNL process until they are matched with the appropriate supports and services. Lead agencies will continue to support individuals or families added to the BNL including but not limited to the following ways:



1. Continue to engage with the individual or family and encourage them to find resolutions to their own homelessness
2. Provide housing support coordination and case management
3. Obtain consents from collateral partners and invite partners to attend case conferences to help remove barriers that have previously prevented the individual or family from finding and maintaining housing
4. Gather and complete the document readiness process, ensuring the individual or family will be document ready if offered a housing and/or program vacancy
5. Provide updates to the BNL coordinator or share any relevant updates at HCRT

Step 6: Document Readiness

Lead agencies will prepare the individual to be “housing ready” by completing the Document Readiness Form with the individual. Once that has been completed, the Lead Agency should add it to the Closed Site in Filezilla or fax it to the BNL Coordinator.



Step 7: Matching Process

When a dedicated housing or support resource becomes available on the BNL and “Document Readiness” has been completed, a list of 4 individuals or families who meet the criteria for the unit and/or program will be sent to the provider. One individual from that list of 4 will be selected by the provider and offered the spot within that unit and/or program. The individual or family will have the final determination of whether they will accept or decline the offered spot.



*Please note, that all administrators completing entries are required to complete training and this document is not meant to substitute for these training sessions. For more information, please contact the BNL Coordinator at bnlcoordinator@kawarthalakes.ca.



Appendix K: List of Indicators for CKL-H BNL Database

List of Indicators for CKL-H By-Name List

The following indicators are collected about people experiencing homelessness in order to prioritize them and match them to housing:

Demographic Information:

- First Name
- Last Name
- Alias/Nickname (if applicable)
- Date of Birth
- Gender Identity
- Veteran Status
- Citizenship/Immigration Status
- Indigenous Identity or Ancestry
- Youth Head of Household
- Primary community currently connected
- Any family members
- Household Type (Single Adult, Youth, Family, Couple, Senior)

General Information

- Consent Date and Expiry Date
- Consent Version
- Client Contact Information- phone, email, location
- Agency/Caseworker Contact Person
- Agency Lead

Assessment and Housing Needs

- VI-SPDAT Assessment
- Full SPDAT Assessment (when needed)
- Housing Updates- housing type, place name, county, city, duration
- Source of Income
- Priority Code (TBD)
- List Status
- Homelessness status (chronic, episodic, high acuity)
- Shelter/Housing Situation at time of survey
- Notes

Appendix L: CKL-H By-Name List Document Ready Form



CKL-H By-Name List Document Readiness Form

To be completed by agency member and client

Once an individual or family has been added to the BNL, please complete the Document Readiness Form and either fax it to the BNL Coordinator or upload it onto your agency's secure Filezilla folder. If you have any questions, please email the BNL Coordinator at bnlcoordinator@kawarthalakes.ca

Housing Help can support any individuals or families in trying to attain any of the documents listed below and can support the document readiness process in collaboration with the Lead Agency.

Personal Information	
First Name:	Last Name:
Middle Name:	DOB (DD/MM/YYYY):
BNL Unique ID:	Citizenship Status:
Identification	
*Please attach proof of at least one of the following forms of identification	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport
<input type="checkbox"/> Permanent Residence Card	<input type="checkbox"/> Armed Forces ID
Social Services Assistance	
Please select the box if you receive any of the following:	
<input type="checkbox"/> Ontario Works	<input type="checkbox"/> ODSP
<input type="checkbox"/> CPP Disability	<input type="checkbox"/> Other: _____
Pension Monthly Income	
Please select the box if you receive any of the following:	
<input type="checkbox"/> OAS	<input type="checkbox"/> Gains
<input type="checkbox"/> W.S.I.B.	<input type="checkbox"/> C.P.P
<input type="checkbox"/> OMERS	
<input type="checkbox"/> Other Pensions: _____	
<i>*Please attach a bank statement for at least one month verifying pension monthly income. If unable to do so, please connect with Housing Help.</i>	
Employment monthly income:	
*Please select and attach the appropriate proof of employment	
<input type="checkbox"/> 8 weeks (2 months) of pay stubs	<input type="checkbox"/> Letter from Employer
Housing Declaration	
I declare that I do not own or have any access to housing.	Initials:

Declaration

I authorize The City of Kawartha Lakes to verify the information provided on this form.

Disclosure of your personal information:

- The City of Kawartha Lakes Human Services Department will disclose the personal information provided by you in this form to the following parties:
 - To any social agency providing any form of assistance to you, or other government subsidy under the Ontario Works Act 1997, the Ontario Disability Support Program act 1997, or the Child Care and Early Years Act, 2014, or any government department responsible for social housing programs under the Housing Services Act: or the City of Kawartha Lakes and or/ the individual housing provider housing portfolio operating agreement:
 - Canada revenue agency for the purpose of confirming income and asset statements, at any time during the term of this application process to any agent working on behalf of the City of Kawartha Lakes and/or individual housing provider for the purposes of complying with the Housing Services Act.
 - I authorize and agree that City of Kawartha Lakes or the individual housing provider may collect, use and disclose the personal information that I have provided in this form and its attachments as described above. I understand and acknowledge that, in addition to the foregoing, the individual housing provider will also collect, use and disclose my personal information as required or permitted by law.
 - I declare that all the information given on this form is true to the best of my knowledge and that I have not withhold or left out any requires information.
 - I agree to inform The City of Kawartha Lakes or their designate, of any changes to my income, assets, contact information or household composition.
 - I understand that the information given for this assessment may be used for the purpose of making decisions or verifying eligibility for assistance under the Housing Services Act, the Ontario Disability Support Program Act, 1997 or the Ontario Works Act 1997 or the Child Care and Early Years Act, 2014.

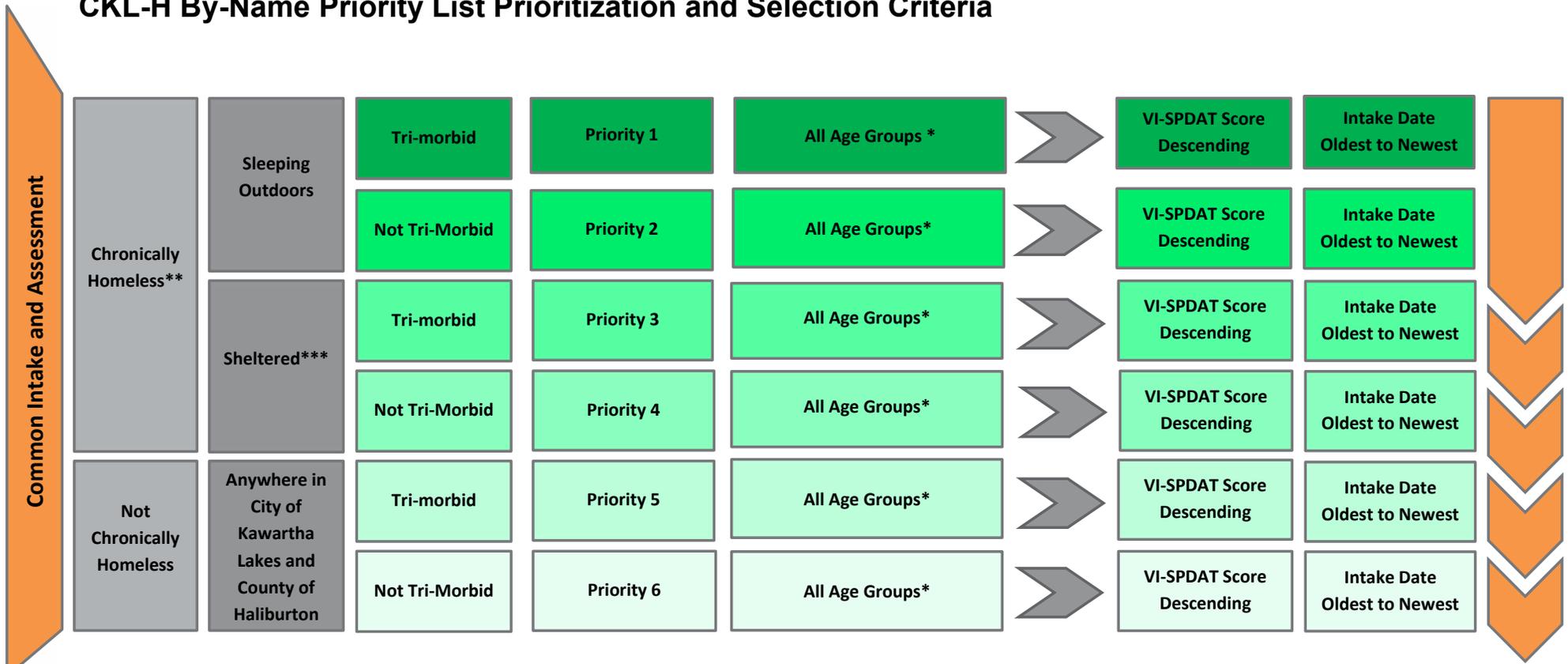
Signature:

Date:

Appendix M: CKL-H By-Name List Prioritization and Selection Criteria



CKL-H By-Name Priority List Prioritization and Selection Criteria



***Note- One in every four matching opportunities from the CKL-H BNL will involve prioritizing youth ages 16-24 who will be given priority over other age groups within their priority level.**

****Note – Chronic Homelessness is defined as an individual or family who is currently homeless and has been homeless for more than an accumulated 6 months in the past 12 months.**

*****Note- Sheltered refers to individuals who are emergency sheltered or provisionally accommodated.**

*This resource was adapted from the City of Peterborough – Social Services’ By-Name Priority List Prioritization and Selection Criteria Flow Chart