RED DEER'S SYSTEM FRAMEWORK FOR HOUSING AND SUPPORTS

2024 UPDATE

Performance Management for Service Excellence

Update Prepared by OrgCode Consulting Inc.

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Chapter One – Background Information

Introduction

Every system of care benefits from a performance management framework. As a homeless serving system dedicated to preventing homelessness when possible and rapidly resolving homelessness for people that enter our system, it is important to understand how programs and services are working to achieve the intended outcomes that are articulated in the plans and funding agreements. The below System Performance Framework[1] has proven to be helpful for many communities:

Let's examine the components of this performance framework by starting Quality Policy and Strategy that details the plan for action to achieve the goal of reducing homelessness.

To realize the benefits of a Quality Policy and Strategy, there are two primary requirements – training for front line staff and agencies delivering the work and quality control and quality assurance activities to monitor whether or not the services are meeting the tenets of the plan.

Standard Operating Procedures will consider each part of the system (for example, homelessness prevention, shelter, supportive housing, etc. and create standards that are informed by main currents of thought and practice that align with the Quality Policy and Strategy and local realities. In Quality Control, communities monitor services and a sample of participant interactions and outcomes to identify if they are meeting performance expectations (for example, demonstrating fidelity to practice). Quality Assurance examines every step of the process of service delivery to align with expectations and to identify opportunities for improvement. Management Supports identifies how leadership and supervision support the implementation of Quality Policy and Strategy as well as Standard Operating Procedures.

Finally, there is Continuous Improvement – the quest to investigate how processes and services can improve to meet the intended impact of housing stability outcomes and

[1] De Jong, Iain (2019). The Book on Ending Homelessness. Friesen Press.

improved "whole-person" wellness for households served in the homeless serving system in the City of Red Deer. Innovation and continuous improvement dedicated to improving services and programming for participants provides the fuel for agencies and the system of care to continue in this important – but challenging work.

The Red Deer's System Framework for Housing and Supports incorporates evidence informed, integrated approach to preventing and reducing homelessness in the City. To support the local commitment of preventing and reducing homelessness through evidence informed practices and feedback from people with lived and living experience, this Performance Management Guide has been updated. It is the hope of the City of Red Deer and its Coordinated Access Process (CAP) Executive Committee that this Guide will support continuous improvement efforts in the homeless serving system. The Guide provides standards, monitoring activities, core and program-specific service standards to support the services and programs currently supporting households experiencing housing crisis and homelessness. Surrounding this work is the ongoing commitment to placing the interests, needs and goal of the participant – that is the person and/or household who is currently homeless or at risk of homelessness – at the center of all decisions, activities, service delivery and policies aimed at improving housing stability outcomes. This updated Performance Management Guide is designed to assist front line practitioners, organizational leaders and funders optimize the finite funding and resources available to improve the lives and end homelessness for the people it serves.

From a systems approach, performance management allows us to understand how each program operating in the current system of care impacts participants directly but just as importantly the effectiveness of the overall goal of preventing and reducing homelessness for all members of the community. "From a systems perspective, performance management is a way of analyzing the program components of the system to make sense of what may be happening at the participant level (micro) and relating it to the system's overall trajectory (macro), and vice-versa"[2]. It further examines whether the homeless-serving system is performing to efficiently and effectively meet the needs of participants through access and timeliness, participant experience and outcomes, financial sustainability, quality and safety. This will allow for learning and growth based on participant-centered culture with more innovative programs and services to meet participant needs with improved data driving decision-making.

Performance management is essential to understand the effectiveness of interventions as well as the community's overall progress towards reducing homelessness. Performance management:

- Articulates what the ecosystem and its diverse service providers are working to achieve;
- Identifies the outcomes and indicators that identify when progress is being made towards preventing and reducing homelessness;

[2] Turner, A. (2015). Performance management in a housing first context: A guide for community entities. Retrieved http://homelesshub.ca/sites/default/files/CEGuide-final.pdf

- Provides the data on the activities and impacts achieved by the investments to increase accountability and transparency to funders and local community members;
- Quantifies achievements towards the goals of the local plan to prevent and reduce homelessness;
- Leverages the insights gathered through performance measurement for continuous improvement initiatives;
- Aligns program-level results to participant outcomes at the individual and system-levels; and
- Informs the next round of strategy review and investment planning.

Effective outcomes-based measurement requires clear and agreed upon service standards, performance indicators and metrics, as well as quality assurance and reporting mechanisms that systematically evaluate whether the system's efforts are making an impact on participants and effectively addressing the problem of chronic homelessness in Red Deer. This document strives to provide guidance to front line services providers and the agencies in their delivery of service excellence to local individuals and households experiencing housing crisis and homelessness in the city.

The Guide's overall objective is to foster operational excellence and quality of service delivery for all service providers and programs working within the System Framework. It is acknowledged that as independent agencies receiving funding for service, most programs will also be guided by agency-level policies and procedures. It is hoped, however, that the guidance provided in this Performance Management Guide will enhance consistency in practices and standards of care from agency to agency in the City. The Guide also does not replace the service agreements established between service providers and The City of Red Deer as the community-based organization (CBO) or community entity (CE). It is also not intended to provide or act as a substitute for legal advice or to replace any federal, provincial or municipal legislation.

City of Red Deer's Housing and Homelessness System of Care

It is acknowledged that there is no "silver bullet" in the quest to prevent and reduce homelessness in communities and so communities work to retool the homeless response and housing system around shared values of person centred care and strength-based approaches while striving to incorporate evidence informed practice in each of the sectors of service that engage with people experiencing housing crisis and homelessness. Work to improve service coordination and data infrastructure help communities better understand and respond to homelessness, including the complex nature of causes, experiences and impacts of homelessness.

Just as there is no one resource or program model that will meet the needs of all households experiencing homelessness, local systems of care collaborate to optimize their collective impact to ensure that program models and approaches such as harm

reduction, Housing First interventions and Coordinated Entry processes not only align with evidence informed practices but also strive to improve positive housing stability and wellness outcomes for the people served.

Although no system of care can be expected to always operate at top capacity, striving to increase consistency in the practice of promising, evidence informed, and data driven approaches remains essential for all communities seeking to reduce barriers, roadblocks and challenges that stand in the way of reducing homelessness. This System Framework recognizes the collective responsibility and accountability in the roles, decisions and services provided to the people served in the City of Red Deer. Beyond the homeless serving system, it is also acknowledged that more work is needed to improve our local capacity to work across systems to shift from crisis response/management to rights-based homelessness prevention and sustained exits from homelessness[3].

Housing and Homelessness Governance

The Housing & Homelessness Integration Committee (HHIC) acts as the decision-making authority for The City of Red Deer for:

- Planning, research and evaluation of the housing and homelessness serving system
- Coordination of asset management and development, and homelessness support services
- Fund administration for Community Based Organization and Community Entity – Designated Communities and Community Entity – Indigenous Homelessness (as requested).
    - Two sub-committees have been established to adjudicate funding, including one that is fully compromised of Indigenous members for the administration of funding for Indigenous programs.
    - To avoid any conflicts of interests Committee members from homeless serving shelter agency, housing public entity and the housing support service agencies are not eligible for appointment to the Fund Adjudication Committees.

HHIC is comprised of a minimum of twelve members, maximum fourteen including two City Councillors; two Indigenous community representatives endorsed by the Urban Indigenous Voices Society; two citizen representatives; one representative from the business community; one representative from the Addictions and Mental Health sector; one representative from a homeless serving shelter agency active in the City; one representative from a housing support service agency active in the City; one representative from an Indigenous support serving agency active in the City (endorsed by Urban Indigenous Voices Society); one housing public entity representative, one representative for the faith community; one representative from the justice or enforcement system.

[3] Buchnae, Legate, McKitterick and Morton (2021). The State of Systems Approaches to Preventing and Ending Homelessness in Canada. Systems Planning Collective. As cited in: https://www.homelesshub.ca/resource/state-systems-approaches-preventing-and-ending-homelessness-canada

The Lived Experience Council is comprised of members with lived or living experience of homelessness. They were identified as a Resource Group for HHIC with the intention of becoming a part of the committee's membership when the Committees Bylaw is next reviewed by City Council. This decision was made collaboratively by HHIC and LEC with consensus. The intent is for representatives from LEC to actively participate in HHIC dialogues and decisions from the perspectives of their unique lived experiences of homelessness and navigating community resources and systems, housing and homelessness supports.

Coordinated Access Process (CAP) Executive Committee provides direct oversight and decision making regarding Coordinated Access operations inclusive of the System Framework – Performance Management Guide for Housing & Homelessness Supports, unless otherwise prescribed by the HHIC or overarching provincial and federal funders.

Prioritizing Truth & Reconciliation - Indigenous Programming

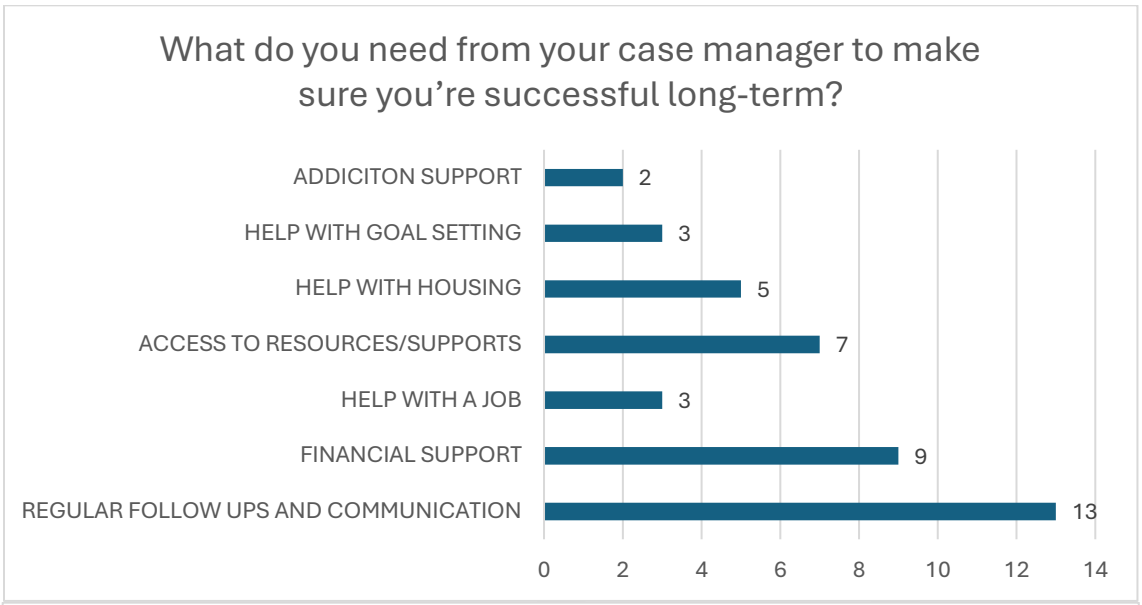
The Community Housing and Homelessness Integrated Plan recognizes Truth and Reconciliation as a priority. Indigenous cultural competency and a commitment to better understanding Indigenous population's unique needs are essential. Failing to address these differences results in ineffective or even harmful interventions.

While the program specific standards are applicable system wide, Indigenous programming may look different to ensure services are tailored to meet the needs of Indigenous peoples. City of Red Deer works collaboratively with the Urban Indigenous Voices Society – Housing Domain, the Housing & Homelessness Integration Committee's Indigenous Fund Adjudication Sub-Committee and with Indigenous service providers to ensure housing initiatives are culturally appropriate and responsive to the distinct experiences and challenges faced by the Indigenous community.

The Performance Management Guide - Development and Update Process

As has been the approach to enhancements to the Performance Management Guide since its inception in 2016, the document was updated with an extensive research and literature review, consultation with system leaders and service providers, an anonymous service provider survey as well as the incorporation of insights from people with lived and living experience as consumers of the City's homeless serving system of care.

With the assistance of the CMHA-led Lived Experience Council, fifty-five (55) people with lived and living experience of accessing both homelessness responses and housing programs in the City of Red Deer. The below charts provide some of the feedback received during Lived Experience Focus Groups. This First Voice perspective assisted in identifying areas of this Guide to support the homeless serving system.


What do you need from your case manager to make sure you're successful long-term?
ADDICITON SUPPORT
2
HELP WITH GOAL SETTING
3
HELP WITH HOUSING
5
ACCESS TO RESOURCES/SUPPORTS
7
HELP WITH A JOB
3
FINANCIAL SUPPORT
9
REGULAR FOLLOW UPS AND COMMUNICATION
13
0
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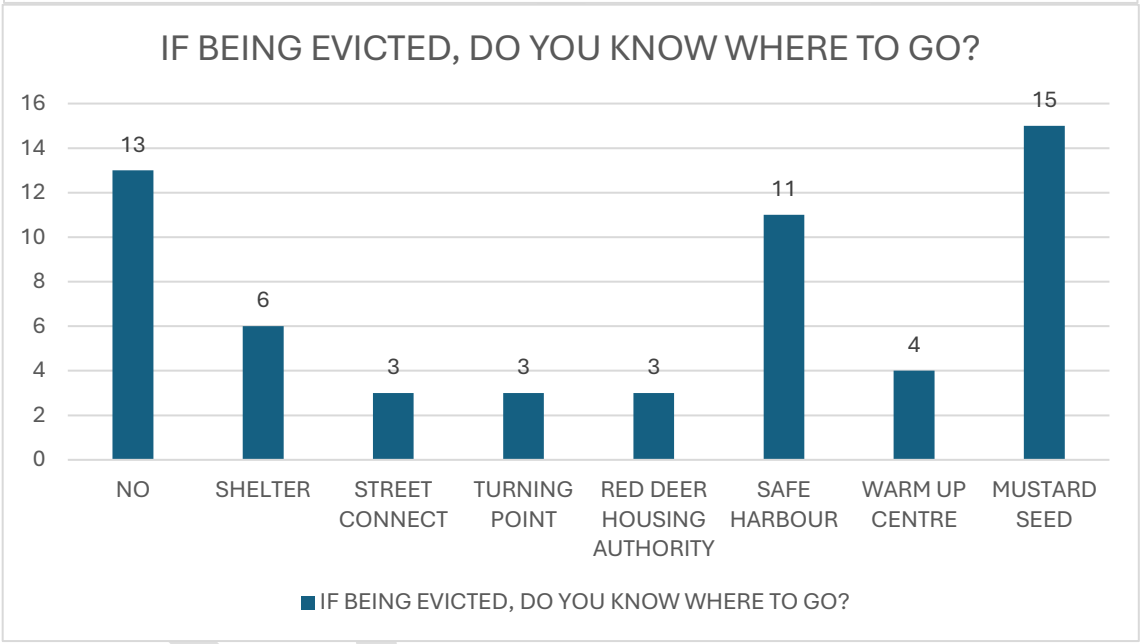
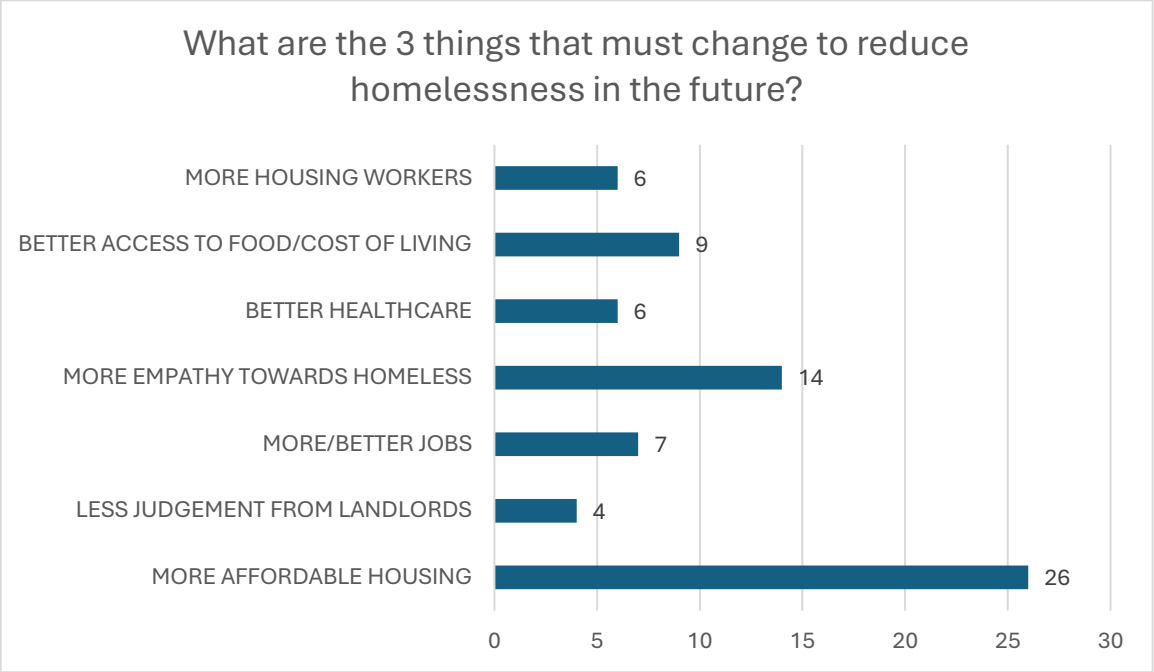
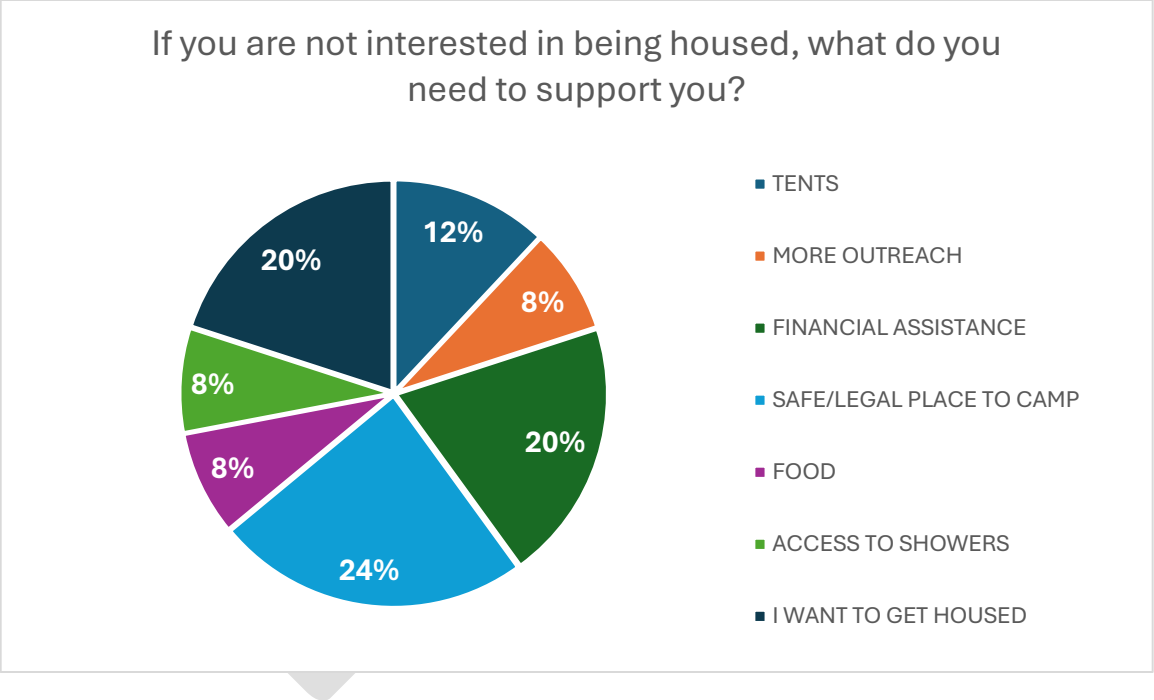
8
10
12
14


IF BEING EVICTED, DO YOU KNOW WHERE TO GO?
16
14
12
10
8
6
4
2
0
13
6
3
3
3
11
4
15
NO
SHELTER
STREET CONNECT
TURNING POINT
RED DEER HOUSING AUTHORITY
SAFE HARBOUR
WARM UP CENTRE
MUSTARD SEED
IF BEING EVICTED, DO YOU KNOW WHERE TO GO?





As a “living document”, regular updates to this Guide are recommended to ensure that its viability and relevance for local service providers is enhanced. Performance management is essential to understand the effectiveness of interventions as well as the community’s overall progress toward reducing homelessness. A systems level performance management process can develop a clear understanding of impact of services and supports on priority populations.

Development and Revisions

Date	Version	Revision
July 23, 2018	1.0	-First Draft – Sent to Service Providers for review
February 8, 2019	2.0	-Incorporated feedback from Service Providers. -Updated the following Program Service Standards – Rapid Rehousing, Landlord Engagement Services and Permanent Supportive Housing.
November 14, 2019	3.0	-Per Community Housing and Homelessness Integrated Plan, revised purpose and objectives as well as program components.
July 7, 2024	4.0	-Redevelopment by OrgCode Consulting in coordination with stakeholders. -Reviewed by service providers through the Coordinated Access Process (CAP) Executive Committee
October 4, 2024	5.0	-Incorporated feedback from the CAP Executive Committee and included additional local context

How the Performance Management Guide Supports Agencies, Service Providers and People Served

A Framework is not a rigid set of rules that will be enforced but a flexible and adaptable guide that helps agencies, service providers and community leaders make decisions and deliberate actions and activities that enhance a rights-based and evidence informed approach to serving people experiencing housing crises and homelessness in the City. To increase the integration of this Guide into front line service provision and cross-sector collaboration, the following suggestions are provided for leaders, managers and supervisors:

- Chapter Three of the Framework focuses in on core standards guiding the work to prevent and reduce homelessness. Chapter Four addresses the program-specific standards that support the integration of evidence informed practices and strategies. Incorporating the relevant chapters from the System Framework into the on-boarding process for new staff ensures that performance expectations and consistent service delivery is clarified immediately, creating a platform for ongoing performance management.
- Successes and challenges experienced by agencies and service providers as they tirelessly work to improve service excellence provides opportunities for coaching and training of staff teams.
- Strive to align internal resources, partner collaborations and policies to achieve the goals and standards outlined within the Guide. Communities have learned the

benefit of seeking Progress, not Perfection in this work. Fidelity to practice will improve housing stability and wellness outcomes for people served within funded programs.

- Incorporate opportunities to gather feedback from the people served in your programs and services to identify the impact of current service practices and activities. Continuous improvement demands hearing from program participants regarding the impact of services in their housing stability journey.

Chapter Two: Scope of the Performance Management Guide

Consultation with service providers and system leaders identified a commitment to the incorporation of a Housing First Philosophy to guide all service delivery, performance management and investment focus. In addition to an endorsement of Housing First, it was also agreed that accountability, a system approach, evidence based and person-centred continue to relevant guiding principles. Based on this endorsement, the updated Framework will focus on promoting:

1. Core and Program Specific Service Standards
2. Quality Assurance and Improvement Guidelines
3. Performance Measurement and Reporting Guidelines
4. The Integrated Information Management System

Housing First Philosophy Governs All Service Delivery

As a philosophy, Housing First is a rights-based approach to ending homelessness that is grounded in the belief that all people deserve housing and that from the safety and dignity of "home", other challenges and issues such as addiction or compromised mental wellness concerns can be better addressed. Housing First centers on moving people to an appropriate housing solution as the initial step to recovery from chronic homelessness. Once housed, wrap around supports are provided, when needed, to increase housing stability, community reintegration and improved wellness. The approach affirms that stable housing is a social determinant of health and the foundation for improved wellness and connection to community.

For the City of Red Deer's homeless serving system, Housing First is a foundational philosophy that is embedded in local standards, policies, procedures and practices. Housing First covers all points of entry into the homeless-serving system and focuses on moving people who are experiencing chronic or recurring episodes of homelessness as rapidly as possible into permanent housing with supports to maintain housing stability. Services are offered through a harm reduction philosophy, in a non-judgmental manner and aligned with person-centred care. When possible, supports are de-linked from staying housed and there are no limits on the number of times a person can be rehoused[4].

Housing First programming is highly effective for helping people with moderate to high service needs, as well as those experiencing chronic homelessness, to remain stably housed. The intervention does not, however, address underlying structural or systemic factors that are the root causes of homelessness[5]. Participation in Housing First interventions such as Intensive Case Management is voluntary. Individuals who choose to participate in a Housing First intervention are provided with the help needed to access, to the degree possible, the housing of their choice and can expect to maintain that housing through wrap around supports. Access to treatment and support services are voluntary, culturally appropriate, and flexible with various levels of duration and intensity

Housing First adheres to five core principles that guide the delivery of services and supports throughout the system of care:

1. No housing readiness requirements
2. Empowered personal choice of participants
3. Promotion of recovery and whole-person wellness
4. Person-centred and participant driven goal with individualized supports
5. Social and community reintegration is an intentional activity

[4] Collins, S. E., Malone, D. K., & Clifasefi, S. L. (2013). Housing retention in single-site Housing First for chronically homeless individuals with severe alcohol problems. *American journal of public health*, *103*(S2), S269-S274

[5] Infrastructure Canada (2024). Homelessness Glossary for Communities. Source: https://homelessnesslearninghub.ca/library/resources/glossary-for-communities/

Guiding Principles for the Homeless Serving System

Principles translate the values and priorities of the system into actionable strategies and practices dedicated to achieving housing stability and improved whole-person wellness for the people served. In the City of Red Deer, the service providers and agencies are committed to the following guiding principles:

1. Optimizing a Systems Approach

Homelessness is a systemic public policy problem that requires integrated system responses in the form of coordinated sets of policies and programs that can align services and increase efficiency, facilitate information sharing, and provide a seamless care experience for individuals and families experiencing or facing homelessness. The term Homeless Serving System of Care refers to the range of programs and resources funded to deliver services to those experiencing homelessness using evidence informed practices, key performance indicators and an organized and professional method of service delivery. The Homeless Serving System is only a part of the greater system of care. This System Framework provides guidance for the delivery of programs and activities that are responsive to diverse populations of people experiencing housing crises and homelessness. Such service standards, performance measurement indicators and quality assurance expectations at the program and system level provide the platform to evaluate housing stability outcomes and enhance collective impact to reduce homelessness.

The integrated systems approach facilitated by this Guide does not rely on an organization-by-organization or program-by-program approach, but rather aims at the delivery of initiatives in a purposeful, streamlined and strategic manner by a collective group of stakeholders in support of participant outcomes.

Through the System Framework's coordinated access process, participants can enter the system at any point and still access the services they need. Access to service is not granted on a first-come, first-serve basis; rather, protocols and tools (e.g. an integrated information management system) exist for streamlined assessments and referrals to ensure people receive the services they need and want at any given time.

2. A Commitment to Person-Centred Service Delivery

Red Deer's System Framework aims to make a difference in the lives of people experiencing homelessness or housing instability in Red Deer. This approach is person-centred, encouraging program participants to identify their own goals and receive customized support to support those goals.

The person-centred approach aims to consider the aspirations and capacities expressed by the program participant or by those speaking on their behalf, rather than their needs or deficiencies. It attempts to include and mobilize the participant's family and wider social network, as well as to use resources from mainstream services.

3. Evidence Informed Practices and Strategies

Best and evidence informed practices have demonstrated evidence of effectiveness in improving housing stability outcomes when implemented in real life settings and are likely to be replicable in other setting. Best practice in Red Deer's homeless serving system is demonstrated when there is:

- Incorporation of evidence-informed and best practices into policies, procedures and service delivery standards;
- Fidelity to Housing First as a philosophy and an intervention
- The application of professional expertise in such practices as case management, housing-based interventions, wellness promotion and harm reduction, homelessness prevention, etc.
- Accommodation of program participant perspectives on the degree to which programs and services are reflecting a household's interests, preferences, values, goals, needs and choices, including community context, culture, health and social well-being.

Along with a review of best practices, evidence gathering also takes the form of performance information obtained through results reporting, monitoring of research, and evaluation, and through quality assurance and feedback mechanisms, which can include interviews with staff, and management interviews with participants and other stakeholders, as well as critical incident reporting and grievance management.

Evidence gathered, analyzed and reported on through the System Framework's performance management guide allows system stakeholders to demonstrate that they meet the service standard requirements and that they are fulfilling agreed-to performance measures and metrics using an integrated information system that speaks to each performance criterion.

Evidence-based practice ensures that system stakeholders consistently meet performance goals in an effective, efficient, transparent and accountable manner, and that performance is publicly reported on through periodic performance reports.

4. Accountability is Valued

Accountability is defined as the process whereby organizations, programs and services and the individuals in them are responsible for their decisions and actions within a framework of appropriate scrutiny.[6] For the City of Red Deer and its community partners, accountability is achieved by having clearly defined roles as components within Government of Alberta's Action Plan on Homelessness, Reaching Home: Canada's Homelessness Strategy and the Community Housing and Homelessness 5-Year Integrated Plan and through the service agreements between The City of Red Deer and funded service providers.

[6] Government of British Columbia. (2015). Public Sector Governance: *A Guide to the Principles of Good Practice*. Office of the Auditor General of British Columbia report. Retrieved from https://www.bcauditor.com/sites/default/files/imce/OAG%20Public%20Governance%20Bro- FINAL_web.pdf

Key Components – Four Pillars within the Circle of Care

1. Evidence Informed Standards of Service

a. ***Core Standards*** are designed to increase consistency and transparency across all service providers in how they support and engage with program participants. For example, incorporating a Housing First philosophy into all practices and support delivery standards is a core service standard within the homeless serving system in Red Deer.

b. ***Program-Specific Service Standards*** are designed to ensure that interventions, strategies and tools that have been proven to be effective in program models to prevent and reduce homelessness are incorporated into all funded programs in Red Deer. Where appropriate, activities that align with proven fidelity to practice will be highlighted to improve housing stability and whole-person wellness.

2. Quality Assurance and Improvement

Quality assurance tools and processes allow programs and the overall system to identify alignment with -and compliance to- established core competencies and program-specific service standards. Alignment with standards aims to improve the outcomes and impacts that services and supports have on the people served through continuous improvement cycles. Program-based reflective supervision as well as program and activity monitoring play pivotal roles in quality assurance dedicated to improving the effectiveness and efficiency of funded programs in the homeless serving system.

3. Performance Measurement and Reporting

Performance measurement is a process that systematically evaluates whether efforts are making an impact on the people served or the problem being targeted. The performance measurement process begins with a decision on what to measure followed by an identification of the proper metrics and data sources. It culminates in the analysis, aggregation, understanding, and communication of results.

The performance measurement established through this guide starts by defining the homeless system and what to measure. This includes the programs and services within the system; investment and capacity of the system; performance targets and benchmarks; financial sustainability and benchmarking of costs; safety and quality; and reporting and communication of performance.

This approach allows for learning and growth based on a person-centered culture. As such, more innovative programs and services can be developed to meet household's needs with improved data driven decision-making.

4. Integrated Information Management System

The sharing of information and data across agencies, sectors and systems is a key component in ensuring a seamless care experience. Shared, comprehensive, up-to-date information provides system administrators with insights into macro trends (i.e. rental

market) as well as into the micro effects of certain strategies and interventions on target populations (i.e. number of individuals being supported within a specific sub-population).

Four main sources of data are used to examine the extent of homelessness in Red Deer while also gauging the system's progress in preventing and ending homelessness. These sources include data from the homeless-serving system, the contextual community, public systems, and general research and evaluation.

Chapter Three: Core Standards for Service Excellence in all Programs

Core competencies for the homeless serving sector provides guidance on the skills, practices and approaches that have proven successful in engaging and supporting people experiencing housing crisis and/or homelessness. Many of these competencies are embedded within formal education and capacity building opportunities within the human, health and social service field. Within our sector, the following core competencies are important for successful service delivery. These core competencies will be discussed in Chapter Five as well.

Homelessness 101	Mental Health Recovery	Documentation
Housing First	First Aid and CPR	De-escalation Strategies
Motivational Interviewing	Vicarious Trauma & Burnout	Working Safely Alone
Harm Reduction	Privacy and Confidentiality	Diversity, Equity and Inclusion
Assertive Engagement	Indigenous Awareness	Privacy and Confidentiality
Trauma Informed Care	Cultural Competence and Safety	Case Conferencing
Overdose Prevention	Objective Based Interventions	Conflict Resolution & Mediation Skills
Occupational Health and Safety	Crisis Prevention and Intervention	Advocacy & Referral Skills
Ethics and Boundaries	Case Management	Strengths Based Interventions

The sections below provide additional information on some of the implementation of core competencies and standards of practice that prove paramount in the work.

Housing First as an Approach to Service Delivery

Since both the philosophy and intervention of Housing First has already been discussed in this document, standards of care will assist service providers in aligning with a fidelity to Housing First as an approach. Adherence to the five principles of Housing First involves:

i. Rapid access to housing solutions with no housing readiness requirements

There are no preconditions for housing such as a transitional housing stay, participation in life skill training or budgeting classes. Participants do not need to be sober, attend treatment of any kind, participate in mental health care, or take medications unless it is their personal choice, but is not a requirement of the program. Participants do not need to complete volunteer hours of any kind to qualify for the program. Housing is not used as a reward for favourable behaviour while experiencing homelessness. Participants do not need to demonstrate gratefulness or niceness to participate in the program.

ii. Empowered personal choice of participants

Decisions are made by program participants. Decisions are not made for program participants. Informed choice is paramount to service design and service delivery. Knowledge may be transferred and framed by supports for consideration by the program participant, but not to lead the program participant in any direction of their choice. Predictable outcomes or consequences of certain choices may be discussed prior to decisions being made by the program participant. Regardless of the housing market, housing options are offered as a choice rather than program participants being placed into housing. Program participants are not punished or reprimanded, nor do they experience reduced or cancelled service because of choosing not to select any housing unit that is shown to them.

iii. Recovery oriented service delivery

Housing First is aligned to the philosophy and practice of mental health recovery, and actively promotes whole-person wellness. Recovery may be expanded to encompass things like, but not limited to: supporting people to recover from their homelessness; connecting people to appropriate professional resources to help people recover from trauma; helping people engage in meaningful activities to recover a sense of purpose, capabilities, Indigenous cultural reconnections and self-esteem; assisting people in stabilizing their income and finances to recover economic stability; and, supporting people in their substance use recovery, whether the person chooses Harm Reduction or abstinence and sobriety.

iv. Person centred and participant driven goals with individualized supports

Goals are not predetermined for program participants. Based upon the unique strengths and support needs of the individual, as defined by the program participant, a unique case plan is created to guide the completion of tasks to realize stated aims. It is unlikely two people receiving services through a Housing First approach would have identical case plans. In addition to housing stability, case planning is focused on whole-person wellness and overall life stability. Supports adapt to meet the needs of the household receiving services rather than expecting the person receiving services to change to receive services. Housing First, as an approach, is a completely non-judgmental approach to service delivery. Participants are not threatened, coerced, forced, bargained or bribed to create or realize established goals, nor is there expected compliance with addressing certain goals and support needs in a particular order.

v. Social and community reintegration

It is referred to as “Housing First”, not “Housing Only”. The approach requires assisting the household in connecting to other community-based resources, as well as connecting to meaningful daily activities and opportunities to expand one’s social network and informal supports. Program participants will not be housed and left in complete isolation. Integrating socially and within their new community is an intentional process. For many participants, Indigenous cultural connections provide a valuable opportunity to regain a sense of self and community. Opportunities can be a combination of social or community opportunities exclusively for formerly homeless people or can be part of the broader

community and open to everyone. Low and no cost services are most often preferred and necessary.

Landlord Engagement

Housing is the only solution to homelessness. The housing location and landlord engagement process however – even with a professionalized housing locator working in your program – is a daunting process for many case managers. In the City of Red Deer, Landlord Engagement is not a stand-alone service within the System Framework, so each program that relies on market housing is responsible for landlord recruitment. It is important to name the current reality when working within community programs to recognize and appreciate that having amazing Case Managers on your team does not mean that you automatically have amazing Housing Locators or Landlord Recruiters. The skill set and business approach needed to be a landlord "whisperer" is not normally taught in social service and social work programs. With this in mind, community housing programs across the country have worked hard to foster strong relationships with property management companies and local real estate firms that may be able to provide guidance and support in creating the "business case" for working with housing programs.

The goal of Landlord Engagement is to increase the pool of appropriate housing units available for households participating in scattered site housing. This includes connecting with landlords, property owners, residential property managers, and property management firms. In addition to recruiting landlords, strategies and standards are also developed for program staff to maintain contact with landlords, when appropriate, to ensure that the tenancy of participants is going well and to proactively ensure that key tenancy expectations such as the timely payment of rent.

"Ending homelessness does not come through housing placements. It comes through housing choices. In even the tightest of rental market conditions, people must make an informed decision on where they want to live and the characteristics of the dwelling that will result in them staying housed longer term"[7]. Due to this, the search for housing has increasingly become a specialization within the homeless-serving system. With an increasingly tight rental market and the reality of housing scarcity in many communities, a more deliberate approach to leveraging existing private and community housing stock available to people experiencing homelessness is required. Increasing the range and variety of options reduces the length of time that participants remain homeless while also fulfilling the principles of client's choice under Housing First.

The below approaches are shared to provide insights into some of the strategies that have proven to be helpful for many housing professionals involved in landlord engagement.

[7] De Jong, Iain (2019). The Book on Ending Homelessness. Friesen Press.

EXPLORE A RANGE OF HOUSING OPTIONS[8]

Amid housing scarcity and with the goal of having choices to consider in the work with participants, housing programs focus on exploring multiple potential options, such as:

- Family/Friend Re-Unification
- Shared Housing
- Scattered site
- Congregate
- Roommate
- Single occupancy
- Homes/rooms
- Traditional apartments
- Long term care homes
- Community Housing Units (sometimes via homelessness priority but always ensure applications are up to date)
- Home Share options
- Month to Month Motel Stays

As can be imagined, many of the above options are quite different than the steadfast approach historically which focused on each housing program participant having their own independent unit in an apartment building or other private market rental. The options of shared living have proven to be an appropriate option for many communities especially given the high cost of housing and the woefully inadequate income assistance rates. Since most case managers and support staff are not interested in matching roommates, some agencies have explored creative ways to assist participants connect with potential roommates after exploring "what are you looking for in a roommate?" and "what do you not want in a roommate situation?". As one example, some agencies have organized "speed meeting" gatherings for participants that would be interested in housing with a roommate to meet other community housing participants also open to housing with a roommate. In addition to assistance participants prepare sample questions for potential roommates and diligently exploring their preferences for shared housing options, programs also work with landlords to identify if they would be open to shared housing arrangement with separate tenancy agreements instead of the traditional roommate situations which normally had only one tenancy agreement (the eviction of one tenant would result in all tenants needing to leave).

Although shared housing will not be a viable option for all housing program participants, it does have positives including increased affordability, more time spent in the shared living space as you complete home visits with one than more tenant (landlords appreciate knowing that their unit is being viewed by program staff), less time travelling throughout the city, fewer complications related to the boredom and loneliness concerns that so often plague participants in their initial days and weeks of housing (only four walls and a roof).

[8] OrgCode Consulting Inc. (2024). Excellence in Housing Based Case Management.

In addition to exploring a range of housing options so that the pool of potential landlord partners is larger, there are a number of approaches that have proven to be helpful to improve landlord support and engagement:

- Clarity in what you can (and cannot do) as a case manager/support worker (i.e. sharing of information is limited to issues pertaining to the tenancy and only with tenant consent, you will not be issuing eviction notices, but you can support in mitigating risks and mediating issues that arise, etc.)
- Co-design the communication plan – how to contact, when and why - that works for you and the landlord regarding tenancy updates
- Many agencies have one staff member identified as the primary landlord liaison person to assist in separating landlord engagement activities and participant support work
- In buildings with multiple units and no on-site supports, commit to not over-saturating the tenant base with participants attached to housing programs and still in the early steps of that housing stability journey
- Any processes that increase the probability that rent will be paid on time will always improve the landlord's desire to partner with community agencies. Third party payment of rent to the landlord has proven to be a highly successful strategy to improve landlord engagement and housing stability
- Any available funds for damage repairs will also assist in landlord engagement. The importance of pictures and documentation of pre-move-in and post move-in conditions will be essential.
- Be prepared to initiate pre-emptive move outs/re-housing activities when the tenancy cannot be saved. This assists tenants so that they do not have an eviction on their housing history, the housing program has an opportunity to use that unit/housing option for another program participant and the landlord recognizes that the program is also protecting their interests.
- For people recovering from lengthy experiences of homelessness and demonstrating moderate and high acuity, the high frequency of visits in the initial weeks of tenancy has demonstrated improved housing stability and landlord satisfaction rates.

Standards and Procedures to Enhance Landlord Engagements:

- It will be important for the program to understand the local housing rental market, for example the Canadian Mortgage and Housing Corporation's Rental Market Survey.
- Each program will understand the needs of Housing First clients and the potential barriers they may face in accessing housing. These clients have low income and may also have criminal records, multiple evictions, mental health and addictions challenges. They may have historically faced difficulties meeting the screening criteria set by property owners, managers, and landlords.
- The housing units will meet Canadian standards of housing which are adequacy, affordability and suitability.
- Each program will check the status of private landlords and their units with regards compliance with all legislation, regulations, bylaws, and licensing requirements

such as secondary suits and/or foreclosed properties so as not to jeopardize the housing stability of clients.

- All programs accessing market rentals will view participating landlords as a valuable resource for facilitating and expanding networking and outreach opportunities. Relationship building is at the heart of landlord recruitment and obtaining units for clients.
- Programs will recruit landlords to provide suitable and affordable housing units for individuals and families experiencing homelessness. This includes strengthening existing relationships with landlords and developing new collaborations with property owners, residential property managers and property management firms.
- At the heart of landlord engagement is client choice. Programs will follow Housing First principles including client choice in the search and recruitment for landlords and in obtaining units.
- Programs will work to avoid situations where too many clients are clustered within a single building and to develop mechanisms with each program to avoid the concentration of clients with high acuity in one geographic area. Over-concentrating clients in individual buildings generally leads to various problems and should be avoided.
- Each program will establish a consistent process/message to help landlords understand how Housing First programs deal with damage deposits and rent arrears.
- Programs will transparently provide information to landlords regarding how a case manager normally supports a tenant. The three most common concerns and perceived risks for landlords in leasing to people experiencing homelessness are non-payment of rent, property damage, and the burden of having to deal with potential "problems" caused by the incoming tenants. Landlords often feel reassured when they discover program clients receive home-based support services and that there is a reliable contact to call in case problems arise. Remember, you are not promising problem-free tenancy — you are promising responsiveness.
- Programs will work to ensure that landlords have access to support request process and/or dedicated point persons who can be responsive to their concerns and needs, and to ensure landlords can expect timely intervention with tenants when requested.
- Programs will develop a dispute resolution process that clearly outlines the roles and responsibilities of the tenant, landlord and case manager.
- Programs will establish formal protocols with property owners for early warning systems. In these systems, certain events, such as a client's falling behind on rent payments, trigger calls to case managers for intervention purposes and are included as part of case management and home visitation.
- Program Team Leads will monitor the occurrence of regular home visits in coordination with the System Framework's parameters dependent on each program's individual parameters. Team Leads will notify program leadership if there is discernable evidence that clients have not received regular home visits.

- Programs will develop a landlord and client feedback system to be implemented at least once/year. This will help identify important components to successful tenancies for program outcomes and continuous improvement.
- Programs will provide information sessions or events for landlords and property managers to promote communication, knowledge exchange and educate landlords about Housing First. This may also include landlord recognition activities.

MONITORING EFFORT- LANDLORD ENGAGEMENT SERVICE PERFORMANCE

Standards and Procedures to Service Excellence

- Programs will track the number of landlords and type, location and size of housing units made available for Housing First clients.
- Programs will review the housing list to ensure units are affordable and appropriate for Housing First clients once/month.
- Programs will assess the quality and effectiveness of their landlord engagement annually to determine satisfaction of both landlords and clients served.

TRACKING OUTCOMES - KEY PERFORMANCE INDICATORS

Outputs (Direct products of program activities):

1. Number of landlords contacted
2. Number of rental housing units made available to clients
3. Number of units utilized by clients from the program
4. Number of evictions due to landlord issues such as non-payment of rent and dispute with landlords.
5. Number of information and landlord education support provided

Outcomes:

1. Clients will be stably housed in the units obtained through landlord engagement efforts

Reducing Harm and Promoting Wellness

At its core, harm reduction is an evidence-based, person-centred approach that aims to reduce health and social harms associated with addiction and substance use without requiring people who use substances to abstain or reduce use. Born out of Public Health measures to address death, injury and disease transmission amongst people who inject substance, harm reduction aims to reduce harm to the individual and to society at large (less police interaction, fewer visits to the emergency department, less spread of infectious diseases, fewer drug related deaths, etc.). Housing First is grounded in a harm reduction philosophy in that it focuses directly on housing people regardless of current patterns of substance use. In other words, substance use is not a barrier to accessing housing and supports by people experiencing homelessness. It also recognizes that participants can be at different stages of recovery and that effective interventions will be individually tailored to each person's stage. Program participants are encouraged to make choices—to use or not to use—and regardless of their choices they are not treated

adversely, their housing status is not threatened, and help continues to be available to them.[9]

In addition to the focus on substance use, harm reduction practices can also be used to reduce the harm associated with any higher risk activity, including involvement in the sex industry. As identified by Harm Reduction International, "Harm reduction is grounded in justice and human rights. It focuses on positive change and on working with people without judgement, coercion, discrimination, or requiring that people stop using drugs as a precondition of support".[10]

Harm reduction principles associated with services delivery practices include:

i. **Pragmatism**: It is said, when it comes to harm reduction, it isn't always what's pretty — it's what works. The work of harm reduction aims to reduce the most immediate and tangible harms of substance use rather than embracing an abstract notion of a drug free society.
ii. **Prioritization of immediate goals**: Goals are set at the individual level, with more immediate actions that can reduce the most immediate harms prioritized ahead of longer-term, more future oriented goals.
iii. **Focus on harms:** A focus on mitigating harms leads to a reduction of negative consequences of use/higher risk activities to the individual and society. As it relates to substance use, a mitigation of harm may include change in substance used, mode of use, frequency of use, location of use, etc.
iv. **Rights and autonomy:** The decision to engage in substance use or other any activities that may include risks or not is a personal one and these decisions come with the responsibilities associated with it. People will not be judged for their substance use or involvement in a higher risk activity, but instead will be respected and valued members of community.
v. **Maximize intervention options:** Actions and possible options are considered at the individual level in real time, without expectation of a particular course of action in a certain order. A variety of different interventions that can minimize or even prevent risks and harm will be explored.
vi. **Participation and collaboration:** Harm reduction acknowledges that people who use drugs are autonomous, competent, and capable individuals that can determine best interventions to reduce harms.
vii. **Equity:** Poverty, class, racism, social isolation, past trauma, sex-based discrimination and other social inequities affect people's vulnerability to and capacity for dealing effectively with drug-related harm. Harm reduction practices aim to address social inequities.

"Meeting people where they are at" is foundational to the practice of harm reduction. Without precondition, people are respected and accepted. Respect and acceptance are

[9] Tsemberis, S., Gulcur, L., & Nakae, M. (2004). Housing first, consumer choice, and harm reduction for homeless individuals with a dual diagnosis. *American journal of public health*, *94*(4), 651-656.
[10] Harm Reduction International as cited here: https://hri.global/what-is-harm-reduction/

what allows for a therapeutic alliance to form. A strong therapeutic alliance increases the likelihood of reducing harm and, for some people, moving toward treatment and recovery (recognizing that for many people, recovery and improved wellness and stability may never involve abstinence). Integration of harm reduction strategies into the homeless serving system emphasizes the importance of having a range of housing options with varying tolerance for substance use, and social inclusion of people who are currently experiencing homelessness or on the recovery journey back to housing stability.

Maintaining Privacy and Confidentiality of Participant Information

The City of Red Deer and the homeless serving system of care are committed to protecting and upholding rights to privacy, confidentiality and security of personal information that has been shared by program participants for the purposes of service provision. It is essential that front line service providers and agencies abide by Alberta's Freedom of Information and Protection of Privacy Act (FOIP Act) and the Personal Information Protection Act (PIPA). At the federal level, the Privacy Act and the Personal Information Protection and Electronic Documents Act (PIPEDA) directly legislate privacy and confidentiality related to the collection, use and disclosure of personal information.

Privacy and Confidentiality Standards

Compliance with Privacy Legislation

- All programs and service providers operating within Red Deer's System Framework will comply with legislation governing the collection, use and disclosure of personal information to support the provision of services to those experiencing homelessness.
- Programs and service providers are accountable for the management and security of records in their custody or under the control of their specific program area to ensure that these meet the requirements of the FOIP Act, particularly the provisions related to the protection of privacy. Organizations that are subject to PIPA will develop and follow policies that are reasonable to meet their obligations under the Act.
- Legislation needs to be consistently applied across the system and breaches of private and confidential information avoided. As such, it is the responsibility of each program and service provider to ensure that their staff are aware of and understand the requirements of the FOIP Act and PIPA and of other regulations that restrict the disclosure of information.
- Programs and service providers are responsible for explaining to program participants why and how their information is being collected, used and disclosed. Legislation will be referenced along with the coordinated entry and participant transfer processes. Staff will notify participants, obtain their consent and collect the required information in a way that respects confidentiality and privacy. Notification may be provided in a variety of ways such as printed on a collection form; contained on a separate sheet or in a brochure accompanying a form; or verbally.
- Staff are legally bound never to release personal information to any individual or organization outside the System Framework without appropriate authorization

procedures, including consent. Information will only be used for the purposes for which it was collected (i.e. providing service).

Monitoring Compliance with Privacy Legislation

- All programs and service providers operating within the System Framework will monitor adherence to the FOIP Act, PIPA, The Privacy Act and PIPEDA to ensure compliance. In the event of a breach of private and confidential information, The City of Red Deer will be notified immediately for appropriate steps to be taken. Organizations will also develop simple and easily accessible complaint procedures for program participants who have a privacy concern, and participants will be informed about avenues of recourse.

Legislated Release of Information without Consent

- Where permitted under appropriate legislation, personal information may be disclosed by the service provider, program or community-based organization (City of Red Deer) without an individual's consent. For example, information can be disclosed for the purpose of complying with warrants or court orders; where the disclosure is authorized in federal or provincial legislation; where disclosure would clearly benefit the individual, or where the public interest in disclosure outweighs the invasion of privacy.

Maintaining Security of Record and Information Databases

As stewards of privacy and confidentiality, agencies are responsible for the care and security of participant files, electronic databases and other election databases for the protection of private information. It is understood that the ownership of the private information rests with the people being served but agencies safeguard the files and information shared during the provision of service delivery. To assist in safeguarding this information, the following standards are provided:

- All programs and services are responsible for ensuring that records retention and disposition schedules (i.e. the procedure for maintaining records until their eventual destruction or transfer to another location) are established, authorized as required, and applied to all information in their custody or under their control as contained in their funding agreements with The City of Red Deer.
- All programs and service providers are responsible for creating safe and secure sites for the storage of participant physical files to ensure that all records can be located and retrieved at the required time while protecting participant privacy.
- All programs are accountable for implementing information security measures for the reasonable protection of personal information. This includes the protection of information on computers and servers accessing the Efforts to Outcomes (ETO) database, which is the case management software used to tie diverse service providers and programs together into Red Deer's System Framework.
- Virus protection software systems will be automatically and regularly updated and password-protected to prevent any breach of personal and confidential information.
- Any documentation of participant information removed from any program or service provider's premises for the purposes of service provision will be authorized, and due

procedures are established for the protection of privacy. This may include the use cell phones and other electronic devices as well as hard copy files.
- Whenever a staff leaves any program, their electronic and physical access to personal information will be removed immediately to prevent any breach of participants' information.

The City of Red Deer – Role and Responsibilities Regarding Privacy and Confidentiality

- To support programs and service providers in complying with the legislation, The City of Red Deer will provide service providers and programs with training and/or support on access to information and privacy protection.
- The City will also coordinate participation for providers in FOIP Act courses offered by The Government of Alberta.
- The funding agreement between The City of Red Deer and each service provider outlines the responsibilities for reporting any FOIP breaches.

Data Management and the Homelessness Management Information System

The importance of reliable and "real-time" information in service delivery for people experiencing housing crisis and homelessness cannot be underestimated. For front line support staff and case managers, gathering information on why people are accessing services today, what their goals and challenges are as well as an understanding of their strengths and resilience assists with service navigation, case planning, goal setting, referrals and support provision. Communities working to prevent and reduce homelessness have increasing relied on electronic homelessness management information systems (HMIS) to collect, report, analyze and -with consent- share information on the people served and the interventions and services provided. Within a trauma informed service culture, the use of a shared HMIS within the community ensures that people do not have to repeat their stories over and over in order to access services throughout the community. When used properly, HMIS technology increases the efficiency and effectiveness of work completed within the homeless serving system.

In the City of Red Deer, service providers use the Efforts to Outcomes data as its HMIS. The ETO database is a case management software dedicated to measuring both program activities and participant housing stability and wellness outcomes. Data obtained from ETO is used to:

- Gain a greater understanding of the numbers and characteristics of the households experiencing homelessness in Red Deer
- Identify the needs and gaps within the system and coordinate better alignment between the needs of the program participant and components within the system
- Monitor performance measures within the funded programs and the system overall
- Increase community awareness and understanding of issues related to homelessness in the community

In certain situations, authorized by approval, programs may use manual data collection tools in substitute of ETO. While this limits electronic interactions that can occur between other programs to enhance service delivery, the overall data collection purposes remain the same.

Data Entry Standards:

- All programs and services operating within the System Framework are required to use the ETO database or manual data collection tools (where approved), and all staff will be trained on data entry policies, procedures and operations. Team leads and program managers will be specifically trained on data quality elements, standards and monitoring.
- All staff with access to ETO or those who are collecting participant information, will receive training in FOIP regarding electronic data collection, use and disclosure as part of their agency or program's service agreement with The City of Red Deer.

Data Quality Standards:

Data quality is a term that refers to the reliability and validity of the participant-level data collected. It is measured by the extent to which participant data in the system reflects actual information in the real world.[11]

- Each program and service will develop a data quality plan, which is a set of policies and procedures designed to ensure that all participant-level information recorded is complete, accurate, valid and timely. A designated supervisor or team lead will ensure adequate data entry oversight.
- A data standard is a document that details precisely what data can be integrated and in what format it will be stored. Included in this Performance Management Guide is the data standard for each program.

The City of Red Deer – Roles and Responsibilities for Data Management and HMIS

Given the focus on capturing information on the services and resources delivered to prevent and reduce homelessness and the strategic decisions that rely on valid and timely information on outcomes and impacts, the City of Red Deer conducts regular reviews of compliance with information management practices. The City monitors each program or service provider's data quality reports to ensure compliance with data quality benchmarks. The City of Red Deer also works with programs and providers to identify training needs to improve data quality.

Media and Public Relations

While independent agencies attached to the System Framework can speak directly to media and manage their own public relations, it is important that guidelines are in place to ensure media enquiries are handled in an appropriate and timely manner by the correct

[11] Census Data Activation (2024). Understanding the Significance of Data Quality. Retrieved from: https://www.getcensus.com/blog/understanding-the-significance-of-data-quality

organization and that program participant privacy and confidentiality is maintained and the FOIP Act upheld.

Standard and Procedures to Enhance Service Excellence:

- It is the direct responsibility of The City to respond to media enquiries about Red Deer's System Framework and the *Community Housing and Homelessness Integrated Plan*. However, each service provider with a housing program or service within the System Framework may speak to media about their program. It is highly recommended that executive directors and program managers be designated for this task.
- If a service provider speaks to the media, they will then inform The City so that any follow-up issues can be appropriately placed in context and addressed by The City, the Government of Canada and the Government of Alberta, as required.
- Each service provider is required to have its own policies for media and public relations. These policies will cover express written consent from program participants and staff who will be engaged in media activities, including audio and video recordings. Under no circumstances will program participants be coerced into media involvement or be subjected to media events where they may be approached without prior notice and consent. Personal information will never be revealed to the media.
- Each service provider will also establish social media guidelines that protect the privacy and personal information of individuals.
- The Government of Canada, Government of Alberta and The City may request programs and services within the System Framework to participate in media events. It is the responsibility of each service provider to designate a spokesperson for their program. It is highly recommended that executive directors and/or program managers be designated for this task.

The City of Red Deer – Role and Responsibilities for Media and Public Relations

The FOIP Act also determines what The City will disclose in response to a request under the Act. It also establishes time limits for disclosing records in response to a media request. Within The City of Red Deer, the Communications Department is responsible for managing media requests regarding the System Framework and coordinating the release of information with the overall flow of information to the public.

Documentation and Record Keeping

In human, health and social service delivery, documentation of engagements and activities completed with people accessing services is mandatory for professionals. Within the industry and based on professional practice, "if it's not documented, it didn't happen". Maintaining case notes and documentation on service delivery also fulfills the following obligations[12]:

[12] Bartsch, C. (2016). Documentation and ETO Entries. Canadian Alliance to End Homelessness Training & Technical Assistance. *Power Point Presentation.*

- **Liability –** case notes are legal documents and fall under the FOIP Act. There are ethical and professional responsibilities that case managers will follow.
- **Outcomes –** documentation has an impact on participant outcomes and organizes case manager work to keep the work moving forward. Poor case notes can result in poor follow through and decision making.
- **Information Sharing –** co-workers and/or team leads can assist or take over for case managers easily when they are not available. When the file documentation and case notes are complete anyone will be able to understand exactly what has been done and why and what next steps will be.
- **Accountability, Program Monitoring and Evaluation –** documentation and case notes can be used for an assessment of the quality of work. The quality of case notes helps describe the work done with the participant.

Standards and Procedures to Enhance Service Excellence:

- It is recommended that all participant files within a program be set up in the same manner and divided into sections that make sense. This allows for anyone to find information quickly in any participant file.
- Files will have an information sheet that outlines name; address; phone number; date of birth; language spoken; family composition; landlords name, address and phone number.
- Files will have a sheet for the Team Lead to do a file audit with a checklist.
- Personal information such as medical or legal documents will be kept in a separate folder from their program file.
- Case Management Files will contain such information as:
    - Case Management documents, including program agreement, consent to participate in the program, consent to file transfer, consent to share information, SPDAT assessments and updates, FOIP acknowledgement, grievance policy, personal guest policy, list of referrals, budgeting forms, crisis plan, risk assessments and mitigation plans, individualized service plan, case notes, exit plan.
    - Housing and Landlord Information such as lease agreements, inspection reports and photos, communication with landlords, photocopies of cheques or receipts, housing tracking forms, third party payment agreements, exit letter to landlords.
- Case notes will be objective, free of beliefs and opinions, accurate and complete. The following guidelines are recommended:
    - Date, time, type of contact (phone, email, text, in-person) and where the contact occurred (at participant's home, office, on the street, etc.).
    - All communication with other people or services involved with the participant (including phone calls, emails, faxes and face to face contact). All attempts to contact other service providers need to be recorded.
    - Any service referrals made, connection to the service provider, and outcomes.
    - Any risk or resilience factors (example: Jim stated he did not feel safe at his home due to a recent break in on his ground floor apartment).

- All information given to the household and anything else that happened at the meeting.

Common Assessment and a Commitment to Service Prioritization

A commitment to Housing First philosophy and approach ensures that the homeless serving system ensures that people with the greatest needs are prioritized for the finite dedicated housing and support programs available in the City. In the City of Red Deer, the Service Prioritization Decision Assistance Tool (SPDAT) is the assessment and case management tool identified for funded agencies[13].

Standards and Procedures to Enhance Service Excellence:

- The service provider responsible for coordinated entry is also responsible for providing its staff and all programs within the System Framework that house individuals with regular training and workshops on the SPDAT to ensure standardized and consistent assessments. This can be done in collaboration with other SPDAT trainers in the community.
- While attached to Coordinated Access Process, it is recommended that updates to the SPDAT be completed every 90 days (or sooner if there is a significant change in the participant's situation) to ensure that matching and referrals to the most appropriate housing program is enhanced.
- Once supported by a housing program and in keeping with case management standards, SPDATs will be updated quarterly for participants to ensure that goal setting and supports are relevant and person-centred.
- SPDAT results and insights (scores and stability changes) will be shared with all participants to enhance transparency.

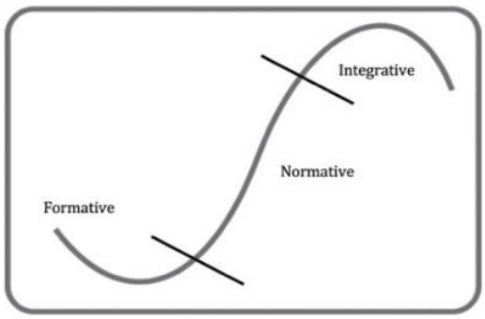
Case Management and Planning

Housing focused case management is provided by organized and trained practitioners that act as positive change agents in assisting households in finding and maintaining housing. Concurrently, these support professionals promote awareness and teach strategies that reduce the likelihood of remaining in -or returning to- homelessness in the future. For the purposes of Housing First, case management for ending homelessness is a collaborative, community-based intervention that places the household served at the center of a holistic model of support necessary to secure housing and receive the support to sustain housing while building independence[14].

[13] OrgCode Consulting Inc. is the designer of the SPDAT and holds the intellectual property for this suite of products created to enhance the delivery of case management and support interventions to meet the needs and leverage the strength and resilience of the people served in homeless serving and housing programs.
[14] Calgary Homeless Foundation. (2020). Standards of Practice Case Management for Ending Homelessness. Retrieved from http://www.calgaryhomeless.com/wp-content/uploads/2020/09/CHF-Standard-Manual-2020-Edition.pdf

As an important aspect of case management, case planning is a method of providing service that involves assessing a program participant's needs and co-designing, with the program participant, an individualized package of services and actions to meet them. Case planning. In addition to the assessment of individuals situation, needs and goals, case planning also incorporates exploring available options and potential barriers with the program participant and developing an individualized service plan. Documentation of engagements, services, referrals and resources accessed, as well as progress made over time is an essential component of case management and case planning activities.

Case Managers focus on increasing housing stability outcomes benefit from understanding the life cycle of change as households adjust to being housed after lengthy periods of homelessness and applying the five essential and sequential steps from homelessness to housing stability. The Sigmoid Curve represents the life cycle of the housing intervention, and it can be broken into at least 3 distinct phases:



Formative – early stages of moving into housing, where learning and adjustment is taking place, and things may get worse before they get better. During this time, there may be periods of chaos and it is common for people to second-guess their decision to be housed. During this phase, being housed likely feels abnormal after lengthy periods of time where homelessness felt normal. The primary focus during this phase is helping with adjustment.

Normative – the middle phase where growth is experienced that results from coaching by the support worker as well as connection to and engagement with other systems of care and meaningful activities.

Integrative – the end stage that is a time of monitoring for the support worker where the decline in the amount of supports provided by the worker results in a resurgence of independence on the part of the household to maintain and sustain their housing
The five essential and sequential steps in the housing stability journey provide guidance on support priorities that have proven to be helpful in support households from chronic homelessness back to housing stability. Although each household's journey is as unique as they are, understanding the five steps in the journey provides insights for housing workers in creating structure for participants and identifying the frequency of engagements and home visits.

Step One is **Housing Stability**. The program participant and the housing worker can expect to spend two to six months working on the various elements of this initial step of adjust to being housed. There are four components of Housing Stability that need to be worked on concurrently or in any order:

Housing Stability
Relationship Impacts (family, guests)
Support Needs (could lose supports once leave shelter, case manager role and responsibility)
Basic Needs (household need, food, the basics met)
Safety (physical, emotional, weather, fire)

Individualized Service Plan
Life Stability (sleep, food, budgeting)
Meaningful Daily Activities (joy, creative, neighborhood, occupy time)
Employment/Education (begin early, especially RRH)
Other System Connections (transitions of care, support outcomes, follow up)
Social Awareness (friendships, community, faith, neighborhood)

Step Two is the **Individualized Service Plan**. Once housing is stabilized, the participant and the Case Manager are ready to journey deeper into matters that ultimately normalize the experience of being housed. In this step, there are five components that need to be worked on, though they can be tackled concurrently or in any particular order:

Step Three focuses on Self Awareness. Step Three is a deliberate process in the coaching work where the participant has increased appreciation of their role in meeting goals and achieving housing stability. There are three components of Self Awareness that benefit from attention, though they can be worked on concurrently or in any order:

Self Awareness
Self Assessment (CM do most of this, teach for self-assessment)
Triggers (understand what would cause homelessness again – especially voluntary vacating unit)
Confidence (helping housing supports they can succeed)

Self Management
Control (becoming themselves)
Accountability (things are getting done on their terms, in their way)
Optimism (the future is shapable, planning)

Step Four focuses on promoting and encouraging **Self-Management**. Once the participant has demonstrated Self Awareness, the coaching switches to monitoring. The participant in demonstrating more independence in maintaining and sustaining housing. There are three components to Step Four:

Step Five is a reflection on achievements as the participant has been able to Reframe and Rebuild their housing and life stability. Step Five represents the finish line in an often long journey of goal setting and outcome achievement related to housing stability.

Reframe/Rebuild
Physical & Social Infrastructure (apartment is home as long as maintaining rent/lease)
Relationship Management (establish own ground rules for relationships)
Purpose & Identity (they are not a 'homeless person' any more, that experience separates from who they are now)
Greater Independence

In addition to understanding the five essential and sequential steps in the housing stabilization journey, it also helps to understand how long participants tend to experience each step:

Step	Length of Time a Chronically Homeless Person / Family Is Usually Supported in the Step	Hours Invested Per Program Participant Per Week
Housing Stability	2-6 months	2-6 hours
Individualized Service Plan	6-9 months	1-3 hours
Self Awareness	1-3 months	0.5-1.5 hours
Self Management	1-3 months	0.5-1.5 hours
Reframe/Rebuild	1-2 months	0.25-0.75 hours

Standards and Procedures to Enhance Service Excellence:

- Successful case management is characterized as a participant-centred approach that ensures that participants have an active role in co-designing goals and action plans to achieve housing stability and wellness. It is acknowledged that once housed, case managers assist the participant in adjusting to new responsibilities, rights and realities. From the safety and dignity of home, people have an opportunity to initiate/enhance life stability, community and Indigenous cultural reconnections as well as improved wellness.
- Case managers provide effective, organized and individualized care that promotes safety, self-care and independence. Service planning goals will be informed by up-to-date assessments of participant's housing and support needs and an understanding of where participants are in their journey back to housing stability.
- Case managers show sensitivity to the differing needs of people, be or become culturally knowledgeable and work with the participant's beliefs, values and practices[15].
- Case management will be focused on the unique housing and support needs of people; person-centred, adaptive, individualized, culturally appropriate, flexible, holistic; include advocacy that leads to self-advocacy; focus on establishing networks and relationships; and include coordination and engagement[16].
- All service providers will create and maintain a case file for each household supported and conduct periodic audits of case files to ensure that the assessment and follow-up is being conducted in a manner consistent with program policies and procedures, and to follow service agreement requirements for record-keeping and retention.
- Each file will contain a checklist of file audit items which will assist with warm transfers from coordinated entry to a housing program, program transfers, or due to staff turnover.
- The City of Red Deer will also regularly audit case files in conjunction with program staff as part of its annual contract and program compliance monitoring.

Home Visits and In Vivo Service Delivery

With the goal of helping program participants find and maintain housing, housing support professionals are expected to meet with participants in the environments that are most natural and comfortable to them. Home visits have proven to be an essential tool in helping participants maintain their housing and identify case planning goals and priorities that are grounded in the current reality experienced by the participant. In order for Housing First programming to be effective, participants will understand what case management will look like and consent to maintaining responsibility for their lease as well as agree to home visits in their units by the case managers and support staff. It is impossible to have a successful housing program by having participants only come to a service provider office. Nor can service be adequately provided over the phone or by text message or email.[17]

[15] CMSA. (2022). Standards of practice for case management. Retrieved from http://www.cmsa.org
[16] Calgary Homeless Foundation (2020). Ibid
[17] De Jong, Iain (2019). The Book on Ending Homelessness. Friesen Press Publishing

Providing services in an individual's home enhances rapport building and offers a more comprehensive perspective of the person's life, including the skills and needs that they may have. Home visits allow for deeper understanding of the participant and their needs, and ultimately leads to more successful outcomes in terms of achieving stated goals. By completing work with participants in their home and in community-based settings, the support worker increases focus on taking care of the unit, relationships with landlord and neighbours, increase understanding of "wellbeing" and promote social and community reintegration strategies.

Standards and Procedures to Enhance Service Excellence:

The following guidelines are provided for staff performing home visits:

- Be transparent about home visits: Explain how the case management services work and the structure of home visits; this expectation will be clearly established when the household enters the program.
- Plan: Plot their week out in advance, knowing which program participants they are going to see at what times and what the objectives are for each interaction. Housing stability services are not a crisis response service.
- Establish professional boundaries: Be friendly, polite, respectful and professional during the home visit. Case managers will know the boundary between friendly and respectful versus fostering a sense of over-familiarity that makes either party feel uncomfortable. Understanding the inherent power dynamics that exist in service provider-participant relationships, transparency about ethical and professional boundaries increases safety for you and the participant.
- Enhance safety for home visits: Each program that completed home visits will have safety protocols and tools established for staff. The entire team, especially team leads, will be aware of where team members will be conducting home visits each day with clear procedures regarding communication with the program.
- Frequency of home visits: the frequency of home visits will be tied to the needs of the participant and where they are in the journey back to housing stability. For households demonstrating moderate or high depth of need and recovering from lengthy episodes of homelessness, it is common that support staff will work with them in their homes a **minimum** once per week when they are newly housed. Some people may need to be seen more frequently and as housing stability is achieved, the frequency of home visits will likely be reduced.
- Create structure for home visits: Object based interactions provides important structure for working effectively with participants especially as you do important support work within the privacy of a participant's home. Such an approach balances the objectives/priorities to be addressed relative to time availability, moves away from a crisis orientation in service delivery; and improves connectivity with the case manager as the household works towards achieving greater independence. The objective-based home visit style allows for a "small wins" approach to be taken in the service plan process and is naturally aligned with demonstrating ongoing progress in the service plan process incrementally.[18]

[18] OrgCode Consulting Inc. (2023). Excellence in Housing Based Case Management training.

Maintaining Landlord and Property Management Relationships

Reducing homelessness in the City of Red Deer relies on the creation and maintenance of positive relationships with landlords. Although support staff are not expected to become mini-landlords, communication and collaboration will assist in ensuring that housing options are available for program participants, especially amid housing scarcity.

Standards and Procedures to Enhance Service Excellence:

- Case managers will obtain consent from the program participant to talk to the landlord, as developing a strong relationship with this person is very helpful.
- Confidential information regarding individual tenants is provided to property management or others on a "need to know" basis and only with the consent of the individual. For example, in the interest of preserving the tenancy of an individual, service staff may want to tell the property management office that a tenant at risk of eviction has obtained a reliable income or will be away from the unit for a set period so that the landlord does not think that the unit has been abandoned.
- In sharing information, housing programs will comply with PIPA and FOIP regulations on privacy and confidentiality.
- It is recommended that all case managers will have the name and phone number of the landlord or property manager. Likewise, the landlord will feel comfortable calling the case manager or the program participant and letting each know if there are any concerns before a situation become a crisis.

A COMMITMENT TO CULTURAL SAFETY AND CULTURAL SHARING

Canada is home to more than 450 ethnic and cultural origins[19]. Within human, health and social service sectors across the country, racialized people, women, members of 2SLGBTQI communities, Indigenous people, people with disabilities, both younger and older people, immigrants, and refugees are at increased risk of inadequate housing and homelessness, poverty, chronic illness and diseases. Even when services and programs are available, they are not always culturally appropriate. Staff may not understand different cultural values or different understandings of "home", "community", "family", "health", "connection", etc.

Systemic racism is deeply entrenched in Canadian society – embedded in policies, laws, public policies, beliefs and systems[20]. Due to Canada's history of colonialism, Indigenous Peoples -including First Nations, Métis and Inuit people – are over-represented in homeless serving systems across the country. From an Indigenous perspective, housing

[19] Stats Canada (2021) Ethnocultural and Religious Diversity. Retrieved from: https://www.statcan.gc.ca/en/census/census-engagement/community-supporter/ethnocultural-and-religious-diversity#
[20] Canadian Human Right Commission (2023). Discussion on Systemic Racism. Retrieved from: https://www.chrc-ccdp.gc.ca/sites/default/files/2023-10/discussion_paper_on_systemic_racism.pdf

stability is the starting point for Indigenous People to begin the journey of healing into balance between physical, emotional, and spiritual aspects of self in relationship to others, the land, culture and wellness.[21]

In 2017, Jesse Thistle's research clarified the 12 dimensions of Indigenous homelessness and challenged Canadian's definition of "homelessness". The City of Red Deer's system framework on housing supports the Indigenous Homelessness Definition:[22]

> *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[i]. 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*

For years, human and social service sectors across Canada focused on increasing training and discussions to improve cultural awareness (the acknowledgement of differences), cultural sensitivity (recognizing the need to respect cultural differences) and cultural competency (the ability to self-reflect on one's cultural values and how these impact the way one provides service, while continually learning to gain a deeper understanding of another culture)[23]. With a quest to create a trauma informed, person centred and culturally safe system of care that deliberately interrupts the discrimination – both conscious and unconscious, written and unwritten -negatively impacting Indigenous Peoples and other racialized communities in Red Deer. Culturally appropriate and safe supports approaches to assist participants in increasing housing stability, connections to culture, community and family are essential ingredients in our collective work.

[21] Adapted from Shining Mountains Living Community Services. Sixth in Series, Walking in Culture.
[22] Thistle, J. (2017.) *Indigenous Definition of Homelessness in Canada*. Toronto: Canadian Observatory on Homelessness Press
[23] Definitions adapted from Canadian Indigenous Nurses Association (2013). Cultural Safety in First Nations, Inuit and Métis Public Health

This graphic of the Continuum of Cultural Safety and Humility[24] provides important insights to guide the homeless serving sector in enhancing housing stability and wellness outcomes for Indigenous and racialized participants.

Community partners working in and with the homeless serving system in the City of Red Deer are committed to fostering cultural safety and trauma informed care services, programs and spaces for local households. With the support and guidance of Indigenous agencies and communities – as well as agencies working to support the increasing numbers of newcomers experiencing housing crises and homelessness in the community – all homeless serving system partners and participants would benefit from the guided journey to increased Indigenous cultural awareness and cultural safety.

[24] This graphic has been adapted from: Baba, L. (2013). Cultural safety in First Nations, Inuit and Métis public health: Environmental scan of cultural competency and safety in education, training and health services. Prince George, British Columbia, Canada: National Collaborating Centre for Indigenous Health. BC First Nations Health Authority. "Cultural Humility." 2019. Retrieved from www.fnha.ca/wellness/wellness-and-the-first-nations-health-authority/cultural-safety-and-humility; Brascoupé, S. and Waters, C. (2009). Cultural safety: Exploring the applicability of the concept of cultural safety to Aboriginal health and community wellness. Journal of Aboriginal Health. Retrieved from www.researchgate.net/

In exploring the program manuals for funded agencies, the following description regarding "When providing and receiving information" was shared in the Shining Mountains Living Community Services Housing Program Manual (2021) which demonstrates the value of enhancing trauma informed care and cultural safety in our work with participants. Such an approach would benefit so many of the people that we have the privilege of working with in our community.

It is essential that you acknowledge the caller's ability to survive and even grow from adversity. Survivors are extremely resilient. Callers need to be acknowledged, that it takes strength to get to where they currently are. It is important to refer to the caller as 'someone who has experienced trauma' and they are more than what has happened to them.

When providing choices, it is important that:

- *Strive to be culturally appropriate and informed*
- *Learn about and develop skills to work with participants by asking about their culture, and understand how your own cultural background can influence interactions with them*
- *You understand the meaning the participant gives to trauma from their own cultural perspective*
- *You understand what healing means to the participant within their cultural context*
- *You are open to learning and asking questions about the participant's culture*
- *You are open to referring participant to traditional healing services, and become educated about traditional Indigenous healing ways*
- *Become involved in the cultural community being served*
- *You can navigate through historical 'distrust' – issues from the participants past that interfere with effective referrals. Understanding that this is normal and not personal will help build a strong relationship*
- *Teaching Western ways as skills, not as identity replacement*

Shining Mountains Living Community Services (2021): Housing Program Guide, page 25.

Chapter Four: Program-Specific Service Standards

Program-Specific Service Standards apply to each program component within the System Framework. With a quest to enhance consistency in services and supports delivered by different agencies funded to deliver the same program models, this chapter provides insights into the service standards and practices for the programs currently funded in the City of Red Deer and covered by this System Framework.

Red Deer's System Framework includes 10 program components:

- Homelessness Prevention
- Shelter Diversion
- Coordinated Entry
- Coordinated Access Process (CAP)
- Outreach Services
- Scattered Site Case Management (Intensive Case Management and Rapid Re-Housing Supports)
- Permanent Supportive Housing
- Transitional Housing for Youth
- Indigenous Cultural Sharing and Connections

These basic program areas are interconnected to help ensure that:

- The system in place is reducing the number of people experiencing homelessness with a focus on reducing inflows into the homeless serving system and increasing outflows into housing solutions.
- Resources are being targeted effectively to those with the greatest needs, including those who are unsheltered and chronically homeless
- The community has the right balance of interventions (permanent supportive housing, community-based housing-based case management, etc.) to respond to local needs
- The system is rapidly exiting people from homelessness to housing and is using the right frequency and intensity of support intervention based on their needs
- The community is aligning resources and designing its system as strategically as possible
- Strong connections exist between the homeless response system and mainstream services such as health care, justice and child and family services for service access and discharge planning.

Although a System Framework is not designed to be a rigid set of rules, it is expected that programs, service providers, and agencies working within the homeless serving system use the core competencies and the program-specific service standards as a guide that assist with decision making, professional practice, performance measurement and reporting.

HOMELESSNESS PREVENTION[25]

Homelessness prevention refers to policies, practices and interventions that reduce the likelihood that vulnerable households will experience homelessness (secondary prevention efforts). It also refers to providing those who have been homeless historically with the necessary resources to reduce the likelihood of returning to homelessness again in the future (tertiary prevention efforts).[26] Decades of research into the typology of homelessness and homelessness prevention activities however has demonstrated that much of what we believed about prevention services historically is not accurate. Shinn et. al. (2009, 2013, 2016) provided some of the most important insights however that caused communities to second-guess how prevention investments were used in the past. Such insights as most investments went to households that never would have become homeless, even if prevention supports were not provided and that no household was deemed to be "too high risk" to be supported in preventing literal homelessness provided the shift required to discover more effective methods for prevention activities.

To be truly effective, prevention activities will become targeted interventions designed to reduce entries into the homeless serving system among households that are in heightened risk of homelessness. Eviction prevention programs, historically, were designed to help people under threat of eviction to retain their housing. However, for most households, the issuance of eviction notices does not result in admissions to literal homelessness. Typically, eviction prevention activities continue to serve households that are behind in their rent due to external challenges such as job loss or other unexpected circumstance. These programs typically require households to have an official eviction notice, be below certain income thresholds, demonstrate their ability to sustain housing independently after receiving financial assistance and/or demonstrate that the reason for "falling behind" was "no fault of their own". Since eligibility criteria was broad and the number of eligible households was huge, such eviction prevention programs often established limits on financial assistance and how often the assistance could be used for all eligible households, to maximize the number of households - regardless of need - that could be served. Such a focus on low-income households certainly assisted those recipients in resolving their current housing crisis but research is clear that most of these households rarely would have entered sheltered and/or unsheltered homelessness regardless of the prevention supports provided. Eviction prevention programs that continue to operate within the historical parameters therefore align more with a poverty alleviation strategy (certainly an important resource for people struggling with economic poverty) than a targeted homelessness prevention strategy.

In the City of Red Deer, the target population for homelessness prevention programming are individuals, couples and families at imminent risk of homelessness or those that are recently homeless. For households that are amid eviction, agencies will get the household

[25] The majority of the Homelessness Prevention material – unless otherwise referenced – is adapted from OrgCode Consulting Inc. (2022) for CAEH. Diversion and Housing Loss Prevention. Retrieved from: https://bfzcanada.ca/diversion/

[26] Dej, E. & Gaetz, S. (2017). A New Direction: A Framework for Homelessness Prevention. Canadian Observatory on Homelessness. Retrieved from prevention-framework-summary.pdf (philadelphiaofficeofhomelessservices.org)

connected to legal and/or supports related to landlord-tenant mediation with the goal of maintaining the tenancy whenever possible. Beyond connections to eviction prevention legal services, these programs provide Housing Loss Prevention activities for households that are currently staying in safe, appropriate housing as well as Housing Placement activities for households needing to find other appropriate housing options in community. Wrap around support is limited but connections/referrals to available mainstream supports and access to emergency housing funding such as utility deposits, security deposits, one-time rent arrears assistance and move-in costs is available. Homelessness prevention specialists focus on housing focused problem solving so that households will not have to enter the homeless serving system.

The following depicts the evidence informed workflow for Homelessness Prevention Service Delivery:

Step One: Screen for safety for all households served and have a clear workflow of how to address safety concerns
If safety screening did not occur as part of the initial contact with the household, will always be done prior to launching into the other aspects of prevention interventions. As stated in the diversion section of this document, you are encouraged to establish a consistent approach across at least your organization, if not your entire community, to safety screening and a course of action if safety issues are uncovered in the screening.

Step Two: Explain the process used for Homelessness Prevention services.
Transparency is key in the delivery of person-centred services so it will be important to identify what your role is as a prevention specialist and outline the process that has worked for other people experiencing a similar housing issue. Consider developing a consistent script or key messages to introduce the goal of your engagement. The below is a suggested explanation:

> *The goal for today is to better understand your housing situation and work with you to figure out a solution that is safe and appropriate for you/your family. For some people that might mean helping you stay where you are (if it 's safe and appropriate), sometimes that might include helping you find another place to stay or person to stay with, even temporarily, and for some people that might mean helping you connect with other community resources to assist in having a safe housing option. Together, we'll work to identify the most appropriate actions to prevent housing loss, whenever possible.*

Step Three: Determine the current housing situation for all Prevention Participants.
An opportunity for prevention specialists to confirm information gathered during screening process and for people to share their story. As households describe what their current housing situation is and why they are connecting for support today, the worker can identify what has already been attempted to solve the problem as well as some insights into the primary people involved in this housing crisis. It will be important for prevention specialists to listen and validate the household's experiences while also ensuring that the facts of the housing situation - not just the current crisis and fears - are ascertained.

Step Four: Exploring Options to Resolve Current Housing Crisis

Remaining person-centred and strength based during this exploration process ensures that prevention specialists can assist households articulate what they need to resolve their current housing crisis as well as identify their strengths, successes and resources they've used in the past to help them today. Recognizing that during a crisis people tend to be protective, defensive and not always open to brainstorming options to resolve the current situation, prevention specialists rely on their motivational interviewing and creativity. Workers strive to increase people's openness to investigate solutions and their ability to listen, consider different perspectives and negotiate with others, including landlords, friends, family, neighbours, etc. A steadfast focus on finding housing focused solutions benefits from such strategies as creative brainstorming to explore solutions, reality testing for identified options, mediating conflicts with stakeholders such as the landlord and an exploration of resources that could solve the current housing problem.

Step Five: Create an Individualized Service Plan to Resolve the Housing Crisis

Providing services to keep their housing or find more appropriate housing is one of the best ways to reduce inflows into or returns to homelessness. Alignment with progressive engagement demands that prevention specialists provide households with an opportunity to demonstrate their resilience and identify solutions to their housing crisis with the practitioner adding more supports as required. For households that require and consent to housing focused follow-up supports, practitioners are encouraged to leverage community-based supports to enhance responsible tenancy skills, social integration, and economic well-being to support successful tenancies.

Standards and Procedures to Enhance Service Excellence:

Each homelessness prevention program will have policies and procedures in place that align with the following expectations and standards.

Accessibility and Screening

- Services are accessible to anyone who is recently "homeless or at risk of homelessness regardless of ethno-cultural background, religious beliefs, physical ability, mental health status, gender identity or sexual orientation"[27].
- Homelessness prevention programming will not screen people out of the system because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.
- Homelessness prevention is required to pre-screen for eligibility and triage services: review records in ETO to determine if the person has a history of homelessness and/or is appropriate for prevention programming or would be better served with a referral to Coordinated Entry to access Housing First programs.

Case Management and Support Services

Individualized support services are provided to improve the self-sufficiency of individuals, couples and families who are imminent risk of homelessness or recently homeless.

[27] British Columbia Housing Corporation. (2018). BC Housing's Homeless Outreach Program (HOP). Retrieved from https://www.bchousing.org/publications/Homeless-Outreach-Program-Framework.pdf

- Housing Loss Prevention activities for those at risk of homelessness are provided for 3- months.
- Housing Placement activities for those who are recently homeless are provided for 6-months

Prevention Service Delivery

- Support plans are co-designed with the household seeking prevention services. There will be a focus on homelessness prevention, housing stability, obtaining identification, linking participants to other services including income assistance options, mainstream resources and cultural support opportunities.
- Assist to find housing. This includes providing resources to people seeking assistance such as community housing listings and application forms; direction to relevant online housing sites; assistance contacting landlord and management companies to enquire about vacancies; transporting and accompanying to viewings and providing letters of support to prospective landlords.
- Explore and optimize choice within the range of possible housing solutions (including rental options, shared housing, reunification with families/friends, etc.) according to the household's needs and preferences.
- Assist households to maintain housing. This may include liaising with legal services and landlord-tenant boards to maintain the tenancy, advocating on behalf of participants to landlords, assistance with apartment maintenance; day to day living; connecting to income sources; connecting to health services and other community programs. Staff may accompany individuals to appointments.
- Develop a follow-up visitation schedule based on the household's service plan. Staff will complete home visits and connect regularly with households to provide support and guidance.

Financial Assistance

- Access to emergency housing funding may be required for prevention program participants. Funds are available for such eligible expenses as identification costs, partial utility or security deposits, one-time rent or utility arrears assistance, moving expenses, and limited furniture/household items. Third party payment will be arranged where appropriate.

TRACKING EFFORTS – ETO FOR HOMELESSNESS PREVENTION

The following ETO modules will prove to be important for Homelessness Prevention Programs:

Housing Loss Prevention	Housing Placement
• Intake Interview • Intake SPDAT • Service Plan • 3-month follow-up interview • 3-month SPDAT	• Intake Interview • Intake SPDAT • Service Plan • 3-month follow-up interview • 3-month SPDAT • 6-month follow-up interview • 6-month SPDAT

Standards and Procedures to Enhance Data Quality:

- Complete the intake interview. The intake interview will be dated for when the household moves into housing. Information from the interview is to be entered within 15 days so long as it is recorded before month end.
    - Example 1: The person moves in on July 1; therefore, the intake interview will be entered in ETO on or before July 15.
- Complete SPDAT assessments. Initial assessment during intake is to be entered within 15 days so long as they are recorded before month end.
    - Example 1: The person engages in programming on July 1; therefore, the housing SPDAT will be entered in ETO on or before July 15.
- Complete Individualized Service Plan. Along with the person's name, include the date of the service plan to differentiate it from future service plans. For example: February 10, 2024 – Jane Doe Service Plan
    - Record efforts/case notes with dates, meeting location, time spent in minutes, engagement and interventions, etc.
    - Case notes will be entered within 7 days of the interaction, meetings, etc.. Ideally this data is entered within 3 days.
- Complete 3- or 6-month follow-up interviews. These will be completed every three months plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due.
    - Example 1: The person moves in on July 1; therefore, the three-month follow-up interview is due in October and is to be entered October 1 – 15.
- Complete the exit interview. Information from the interview is to be entered within 15 days of a participant moving out or leaving the program, so long as it is recorded before month end.
    - Example 1: Person moves out in March 15; therefore, the Exit Interview will be entered in ETO on or before March 30.

MEASURING IMPACTS - KEY PERFORMANCE INDICATORS FOR HOMELESSNESS PREVENTION

Outputs

1. Caseload will be balanced for Prevention staff with each practitioner supporting 20-25 active participants at any time.
2. Number of pre-screens completed with individuals or families to determine their eligibility for the program.
3. Number of individuals who were referred to Coordinated Entry.
4. Number of recently homeless or at-risk of homelessness individuals and families completed an Intake SPDAT.
5. Number of individuals or families who were housed through the program and completed a Housing SPDAT.
6. Average time needed (in days) to rehouse a client from pre-screen to move-in.
7. Number of individuals or families who were housed or provided assistance through the program completed a service plan.
8. Number of individuals or families provided assistance with completing any kind of funding and income supports.
9. Number of individuals who received support in obtaining IDs.
10. Number of individuals who were referred to community resources.
11. Number of individuals and families for whom a follow-up home visitation schedule was developed and completed.
12. Number of individuals who were housed or had housing maintained through the program with completed 3-month and 6-month follow-up interviews.
13. Number of clients who received Indigenous Cultural Support or were referred to an Indigenous Cultural Support program.
14. Number of individuals who were housed or provided assistance through the program and completed an exit interview.
15. No more than 15% of recently homeless program participants will return to homelessness upon program completion and no more than 15% of program participants at imminent risk of homelessness will become homeless upon program completion.

Outcomes

1. Households served will remain stably housed
2. Households will demonstrate improved self-sufficiency/housing stability
3. Households served by the housing placement and support services will exit for positive reasons.

Outcome Indicators

1. Housing Placement for those that cannot maintain their current housing:
    a. Number of people placed in stable housing
    b. Number of people who were in housing at the 3-month and 6-month follow-up
    c. Percentage of people housed and/or supported that remain stably housed or exit for positive reasons

2. Housing Loss Prevention for households at risk of losing their housing:
    a. Number of people who were in housing at the 3-month follow-up
3. Social and Economic Outcomes (Self Sufficiency):
    a. Number of people who had positive income transitions
    b. Number of individuals who had positive employment transitions
    c. Number of individuals who began a part-time or full-time education program
    d. Number of individuals who began a job skills training program
    e. Number of individuals who completed a job skills training program

SHELTER DIVERSION

Shelter diversion is an intervention that helps people who are seeking access to emergency shelter to explore other safe and appropriate alternatives. Diversion activities normally occur once an individual/couple/family has lost legal tenure for their housing option, but prior to shelter entry. Emphasis is on securing safe, appropriate options in community - even temporary options - rather than a shelter stay, whenever possible. Examples of shelter diversion activities may include problem solving to find places where people can stay such as with a neighbour, a friend or family or the provision of to cover transportation costs or groceries, to make the transition to the alternative housing option easier.

At its core, diversion practice is trauma-informed, strength-based and it sees literal sheltered and unsheltered homelessness as something that needs to be prevented. Diversion programs can reduce the number of people entering the homeless serving system, the demand for shelter spaces and improve housing stability outcomes for the system of care. Shelter Diversion is targeted toward those who have already lost their own housing, are doubled up, and running out of places to stay.

The following workflow is recommended for Shelter Diversion[28]:

Step One: Explain the Diversion Process
Whether through a common script or consistent key messages, transparency is key from the beginning in explaining diversion. Consider something like:

> *Our goal is to learn more about your specific housing situation right now and what you need so that together we can identify the best possible way to get you a place to stay tonight and to find safe, permanent housing as quickly as possible. That might mean staying in shelter tonight, but we want to avoid that if possible. We will work with you to find a more stable alternative if we can.*

Step Two: Explore Today's Urgency and Untested Options
The second step has three parts:

i. Why are you seeking services today?
ii. What are all the other things you tried before you sought shelter today?
iii. What are all the other things you have thought about trying but have not attempted yet to avoid needing assistance today?

In many instances, in exploring question one, the diversion worker will learn of a specific conflict or event that has occurred that has brought them to a place of seeking services today. If it is possible to resolve the conflict or address the event before progressing any further, that will be done. The two other questions are exploratory in nature. In learning what they have already tried, there is an opportunity for the diversion worker to learn what

[28] OrgCode Consulting Inc. (2022) for CAEH. Diversion and Housing Loss Prevention. Retrieved from: https://bfzcanada.ca/diversion/

worked and did not work. The more important of the questions by way of diverting people from shelter is that which they have thought about doing but have not tried yet.

Step Three: Explore Last Night's Safety
The engaging part of the conversation may have already illuminated this information. But if not, it is important to know where the household stayed the previous night. To engage in this question is to focus on more recent locations where they stayed, not the entire housing history of the individual/couple/family.

i. Where did you stay last night?
ii. If staying with someone else, what is the relationship between them and you?
iii. How long have you been staying there?
iv. Where did you stay before that?
v. Would it be safe for you to stay there again for the next 3 to 7 days?
vi. (If a couple and/or household with children under 18) Would your whole household be able to return and stay there safely for the next 3 to 7 days?
vii. If indicate that the place where they stayed is unsafe, ask why it is unsafe.
viii. If cannot stay there safely, or if were staying in a place unfit for human habitation, move to Ste*p Six*.

Step Four: Story Behind the Story (At Last Night's Safe Place)
This step is about creating a space to get more information…the story behind the story or information that is supplemental to, but important for understanding, the whole picture.

i. What is the primary/main reason that you had to leave the place where you stayed last night?
ii. Are there additional reasons why you can't stay there any longer?

An enriched context of what is going on can provide important information to the person that is delivering diversion. Take your time with this question, and even ask additional open-ended questions when appropriate to gather more information on context.

Step Five: What Would It Take to Stay (At Last Night's Safe Place)
This is an entry into progressive engagement with diversion. Instead of going "all in" with a solution or even a range of resources, the fundamental question is "What would it take to be able to stay there temporarily?" In other words, you are asking the service-seeker what they feel the solution would be rather than, perhaps, providing more resources than are required or more intervention that what would be necessary.

i. Do you think that you/you and your family could stay there again temporarily if we provide you with some help or referrals to find permanent housing or connect with other services?
ii. If no, why not? What would it take to be able to stay there temporarily?

Step Six: Identifying New Places to Stay Temporarily, if required
Again, step six is progressive engagement in action. It empowers the service-seeker to identify both other people and the resources that would be necessary to achieve the

outcome rather than having finite resource options to suggest or trying to solve the problem for the service-seeker.

- *If no, is there somewhere else where you/you and your family could stay temporarily if we provide you with some help or referrals to find permanent housing and access other supports? For example, what about other family members? Friends? Co-workers?*
- *What would it take for you to be able to stay there temporarily?*

Step Seven: Identifying Barriers and Assistance Required

It is entirely likely that many of the people seeking shelter services can be diverted before ever reaching this step. Rather than trying to prescribe a program or service response, the ball is put into the court of the service-seeker to name the barriers and assistance required.

i. What is making it hard for you to find permanent housing for you/you and your family—or connect to other resources that could help you do that? What do you feel are your barriers? What assistance do you feel you need?

Step Eight: Current Resources

Focus on what the individual or family has rather than what they do not have, in order to progress further into finding a solution that does not rely on the service provider or system of care to solely be the solution to their housing instability. While additional questions can probe for information, this step intentionally does not rely on a series of forms or a particular decision-making matrix to dictate how to proceed.

i. What resources do you have right now that could help you and your family find a place to stay temporarily or find permanent housing?

Step Nine: Housing Planning

If the household has a plan in place, terrific. If not, there is an opportunity to engage in solution creation without provision of a one-size-fits-all solution. It is better that, from the front door of the system of care, there is a focus on having people plan their own exit prior to entry rather than having people come into service and then find the way out. This also is critical for setting up opportunities for self-resolution within shelter.

i. If admitted to shelter there is still an expectation that you will be attempting to secure permanent housing for you (and your family). Let's talk about some first steps you can take if admitted to shelter you can take to start the exit from shelter

Standards and Procedures to Enhance Service Excellence:

Each shelter diversion program will have policies and procedures in place that align with the following expectations and standards.

Eligibility and Screening

- Services are accessible to anyone who is recently "homeless or at risk of homelessness regardless of ethno-cultural background, religious beliefs, physical ability, mental health status, gender identity or sexual orientation"[29].
- Shelter diversion program targets people individuals and families who are currently attempting to or are accessing shelter services. These individuals are unable to secure permanent housing because they do not have sufficient resources or support networks immediately available to prevent them from moving to an emergency shelter or a place not meant for human habitation.
- Shelter diversion is required to pre-screen for eligibility and triage services: review records in ETO to determine if the person has a history of homelessness and/or is appropriate for diversion supports or would be better served with a referral to Homelessness Prevention or Coordinated Entry to access Housing First programs.

Case Management and Support Services

- Individualized diversion supports and housing support services are provided to improve the self-sufficiency of individuals, couples and families who are imminent risk of homelessness or recently homeless.

Diversion Service Delivery

- Explain process of diversion and explore current circumstances with the individual or family to determine possible next steps – reviewing what participant has done already, what has worked, where could they potentially stay, what are possible safe alternatives, assist them in identifying rapid housing solutions and how to secure accommodation and permanent housing solutions
- Connect individuals and families to income supports and assist participants with completing applications for funding
- Assist participants to find housing and alternate accommodations. This will include assisting with applications for housing, landlord tenant relations, reviewing lease agreements, move-in support, and orientations to the neighborhood
- Provide choices of rental options and help participants explore their housing needs and preferences within the limits of the current market
- Complete an intake when no alternate accommodations can be arranged:
    - Collect limited amount of participant information in intake process
    - Develop a shelter exit/ housing plan before intake is complete
    - Focus remains on housing through intake process
- Provide more intensive support to those who are long term shelter stays and those who are unable to secure housing within a couple of weeks from intake

[29] British Columbia Housing Corporation. (2018). BC Housing's Homeless Outreach Program (HOP). Retrieved from https://www.bchousing.org/publications/Homeless-Outreach-Program-Framework.pdf

- Refer appropriate participants to Coordinated Entry for intake and assessment for Coordinated Access to housing supports.
- Provide housing support to participants who are not eligible for diversion, while prioritizing shelter diversion activities. Housing support activities may include (but are not limited to):
- Assisting or referring participants to other community supports to:
    - Acquire identification
    - Secure income
    - Set up a bank account
    - Complete taxes
- Make referrals to other supports as required to increase the shelter stayers housing readiness:
    - Mental, physical health or addiction supports
    - Employment services
    - Legal services
- The Diversion Worker will provide participants with pre-employment support and bridging to the labour market (job search skills, resume and cover letter development, interview skills); connections to education; life skills development; and supports to improve social integration.

Financial Assistance

- Access to emergency housing funding may be required for diversion program participants. Funds are available for such eligible expenses as identification costs, partial utility or security deposits, one-time rent or utility arrears assistance, moving expenses, and limited furniture/household items. Third party payment will be arranged where appropriate.

TRACKING EFFORTS – ETO FOR SHELTER DIVERSION

Diversion Workers will use either a manual data collection tool or Efforts to Outcomes (ETO) database system for recording necessary information.

Standards and Procedures to Enhance Data Quality:

- Complete the intake interview. Information from the interview is to be entered within 15 days so long as it is recorded before month end.
    - Example 1: The person moves in on July 1; therefore, the intake interview will be entered in ETO on or before July 15.
- Complete Individualized Service Plan. Along with the person's name, include the date of the service plan to differentiate it from future service plans. For example: February 10, 2024 – Jane Doe Service Plan
- Record efforts/case notes with dates, meeting location, time spent in minutes, engagement, referrals and interventions, etc.
    - Case notes will be entered within 7 days of the interaction, meetings, etc. Ideally this data is entered within 3 days.

- Complete 3-month follow-up interviews. These will be completed at the three month mark, plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due.
    - Example 1: The person moves in on July 1; therefore, the three-month follow-up interview is due in October and is to be entered October 1 – 15.
- Complete the exit interview. Information from the interview is to be entered within 15 days of a participant moving out or leaving the program, so long as it is recorded before month end.
    - Example 1: Person moves out in March 15; therefore, the Exit Interview will be entered in ETO on or before March 30.

MEASURING IMPACT - KEY PERFORMANCE INDICATORS FOR SHELTER DIVERSION

Outputs

1. Caseload will be balanced for Diversion staff with each Worker supporting 20-25 active participants at any time.
2. Number of households prescreened for housing focused shelter program by the Diversion Worker.
3. Number of households that complete an intake for shelter program.
4. Number of households with housing plans developed.
5. Number of households with alternative housing accommodations.
6. Number of referrals to Coordinated Entry.
7. Number of referrals to community programs.

Outcomes and Indicators

1. Number of households housed through Shelter Diversion program
2. Number of households served that return to the emergency shelter
3. Households that remain housed at the 3-month follow-up
4. Individuals served by program will demonstrate improve self-sufficiency
    - Number of individuals who had positive income transitions
    - Number of individuals who had positive employment transitions
    - Number of individuals who began a part-time or full-time education program
    - Number of individuals who received mental/physical health supports
5. Length of stay in shelter is reduced
6. Number of shelter stayers is reduced.

COORDINATED ENTRY, OUTREACH & HOMELESSNESS DIVERSION

For people experiencing housing crises and homelessness, the homeless serving system can feel like a maze. Coordinated Entry and Street Outreach were designed to assist households in getting connected to the most appropriate service or resource as efficiently as possible. Within the local system, each Coordinated Entry and Outreach team operates under their own unique model, relying on collaborative approaches to provide intake services through a blend of mobile and place-based in-reach[30] as well as outreach to people experiencing homelessness. The goal of Street Outreach is to increase connections and referrals to community supports, inclusive of housing. The goal for Coordinated Entry, is to ensure consistent and standardized assessment of people's needs to ensure that the most intensive, finite resources are prioritized for households demonstrating the greatest need.

Red Deer hosts a suite of entry points offering Outreach, Coordinated Entry and Diversion. Each Coordinated Entry and Outreach Team has adopted their own approach to service delivery. Some Coordinated Entry and Outreach Teams may be standalone operations, where others may have joint efforts. All Coordinated Entry teams include an element of homelessness system diversion, while some providers have designed their services with dedicated resources to focus on diverting low acuity households that do not require on-going case management supports.

The importance of community based in-reach services demands that Coordinated Entry teams establish and maintain relationships with other agencies such as shelters, housing and support providers, public systems such as remand and correctional facilities as well as health facilities, benefits/entitlement and law enforcement.

In-Reach and Outreach Services Provided via Entry Points
Outreach will be done at the following entry points with the focus on assessment and triage, and intentionally engaging these people so that they can access housing options quickly through the Coordinated Access Process (CAP).

EMERGENCY SHELTERS - Emergency shelters are identified as one of the entry points to the homeless-serving system. Coordinated Entry staff will work with shelter staff to target and prioritize long-term stayers, or those who have been in shelters the longest, for permanent housing options through CAP. The Outreach Team also engages shelter stayers and assists in making connections to Coordinated Entry.

STREET OUTREACH WORK - Rough sleepers are a priority for the homeless serving system. An Outreach Team attends active camps with The City's Community Police

[30] Note that outreach services depict the delivery of services and supports that are street level. In-reach services means that program staff leave their agency location and connect with people in other place-based locations such as drop-in centres and emergency shelters.

Officers for the purpose of identifying and engaging individuals sleeping rough, with the aim of connecting individuals to supports and housing.

PUBLIC SYSTEMS - Coordinated entry staff, in collaboration with appropriate public systems, will develop and implement exit planning guidelines. These institutions include, but are not limited to, foster care, health, and correctional facilities.

Some of the organizations that host Coordinated Entry program staff include but are not limited to:

- Community shelters, drop-in centres, meal programs, etc.
- Alberta Works and Assured Income for the Severely Handicapped (AISH)
- Centennial Centre for Mental Health and Brain Injury
- Central Alberta Child and Family Services (CFS)
- City of Red Deer Community Policing Officers (CPOs)
- Office of the Public Guardian and Trustee (OPGT)
- Persons with Developmental Disabilities (PDD)
- Probation/Alberta Justice
- Red Deer Native Friendship Society (RDNFS)
- Red Deer Primary Care Network (PCN)
- Red Deer Regional Hospital (RDRH)
- Royal Canadian Mounted Police (RCMP)
- Turning Point Society of Central Alberta (e.g. NightReach)

Standards and Procedures to Enhance Service Excellence:

The service provider will have policies and procedures in place that align with the following standards of practice and procedures for engagement and assessment.

Accessibility and Screening Activities

- Services are accessible to anyone experiencing homelessness or at risk of homelessness regardless of ethno-cultural background, religious beliefs, physical ability, mental health status, gender identity or sexual orientation.[31]
- The coordinated entry and outreach processes will not screen people out of the system because of perceived barriers to housing or services, including, but not limited to, lack of employment or income, drug or alcohol use, or having a criminal record.
- Coordinated Entry staff will strive to spend 60% of their time with participants who have completed a SPDAT to keep them engaged in the process until matched to a Housing First program (possible program match meeting has been completed) and the remaining 40% of their time completing in-reach to connect with new prospective participants. During in-reach activities, approximately 70% of that time will be spent on connecting with people experiencing chronic homelessness on the street and in shelters, in keeping with System Framework priorities.

[31] Adapted from British Columbia Housing Corporation. (2018). BC Housing's Homeless Outreach Program (HOP). Retrieved from https://www.bchousing.org/publications/Homeless-Outreach-Program-Framework.pdf.

- Coordinated Entry is required to use a multi-stage process to pre-screen for eligibility and triage services:
    1) initial search in ETO to determine if the individual or family is already engaged with another Coordinated Entry team, Homelessness Prevention or Housing First Program
    2) initial pre-screen to determine if the participant will be diverted, referred to a prevention program, or referred to the Housing First programs and;
    3) complete necessary assessments to evaluate household needs.

Diversion and Prevention Supports

- Coordinated Entry staff are responsible for connecting those who are at risk of homelessness or who fall within the lower acuity range with resources outside of the homeless-serving system or to necessary low-acuity programs who conduct their own intake outside of Coordinated Access clients (e.g., Homelessness Prevention). The goal in this stage is to best meet housing needs with minimal support.
- Coordinated Entry staff will have a service inventory list that contains provider names, locations, and hours of operation available for effective referrals. This list will be accurate and up to date. This may include referrals to mainstream support in the community, basic system navigation or housing search.

Dedicated Diversion Model

- For Coordinated Entry teams with dedicated diversion and housing focused resources:
    - Explain process of diversion and explore current circumstances with the individual or family to determine possible next steps – reviewing what participant has done already, what has worked, where could they potentially stay, what are possible safe alternatives, assist them in identifying rapid housing solutions and how to secure accommodation and permanent housing solutions.
- Connect individuals and families to income supports and assist participants with completing applications for funding.
- Assist participants to find housing and alternate accommodations. This will include assisting with applications for housing, landlord tenant relations, reviewing lease agreements, move-in support, and orientations to the neighborhood.
- Provide choices of rental options and help participants explore their housing needs and preferences within the limits of the current market.
- Access to emergency housing funding may be available dependent on the model adopted by the provider. Funds may be available for such eligible expenses as identification costs, partial utility or security deposits, one-time rent or utility arrears assistance, moving expenses, and limited furniture/household items. Third party payments will be arranged where appropriate.

Safety Protocols

- The service provider will have a safety protocol in place that provides clear guidance on staff and participant safety, as well as procedures for the safety of people leaving domestic or intimate partner violence. Safety protocols will be geared specifically to the context of the local community and reviewed periodically with management and staff.
- The service provider will also plan and structure critical incident debriefings for Outreach and Coordinated Entry staff to ensure self-care for staff.

Access to Indigenous Cultural Sharing and Connections Support

- Coordinated Entry and Outreach staff will incorporate the guidance, protocols and tools shared by the Indigenous Cultural Connections Programs to enhance cultural safety for participants.
- To foster an understanding of the connection between "home" and Indigenous culture, community and traditional worldviews, people will be offered referrals and warm transfers to Indigenous Cultural Sharing and Connection support during interactions, including at the point of intake and assessment.

Assessment Criteria and Tools

Coordinated assessment involves the implementation of a common set of criteria and/or standardized tool for needs assessment and service prioritization. In exploring the current housing crisis, opportunities for safe housing options-including temporary options, needs and strength of the households, Coordinated Entry staff will identify referrals for prevention, diversion and who would benefit Housing First programs and services.

- The gathering of information to complete assessments will use culturally appropriate practices that align with the guidance provided by Indigenous Cultural Connection programs. Trauma informed approaches to gathering peoples' "stories" and realities will assist in identifying options and recommendations that reflect populations' specific needs (e.g. Indigenous, 2SLGBTQI, newcomer to Canada, veteran, etc.).
- All Coordinated Entry locations and methods (e.g. street mobile outreach, shelter and public systems) offer a consistent assessment approach and facilitate referrals and service plans that meet the unique needs and resources of the person.
- The Service Prioritization Decision Assistance Tool (SPDAT) is the common assessment tool that agencies will use to identify people with moderate and high depth of need that would benefit from Housing First programs.
- Only staff trained on the SPDAT will conduct assessments.
- Implement four methods of gathering information (observations, interviews, documentation and connecting with allied professional when consent is provided) to complete the SPDAT appropriately.
- Coordinated Entry staff will explore preferences for the type of housing situation—scattered site, independent living, roommate, shared living, permanent supportive housing, sobriety, reunification with family/friends, etc. Households will also be asked what their second choice is, will their first housing (and support) choice not be available.

- Notes will be recorded for each SPDAT component in the ETO database. This information is helpful to making an appropriate program match and referral. Notes will contain enough information for informed decision-making at the CAP committee meeting.
- For people on the CAP prioritization list who are waiting for referrals, reconnecting to update the information contained in the SPDAT every 90 days is recommended. The CAP Committee chair, with support from The City of Red Deer, will flag overdue assessments and discuss with Coordinated Entry staff.

Personal Information and Confidentiality

- The intake and assessment process will only seek the information necessary to determine eligibility for programs and services as well as explore the housing and support needs impacting resolution of homelessness.
- Staff will demonstrate care in the settings used for the gathering of information to diligently protect participant's privacy.
- Coordinated entry staff will ensure that participants are aware of their rights concerning their personal information, explain the confidentiality of the process, and ensure that households have expressly consented to the collection, use and disclosure of their personal information.
- Explicit consent for the collection and sharing of personal information is important. The Confidentiality and Consent to the Disclosure of Personal Information form will be used with the person. The participant may choose to exclude certain agencies from the service inventory list provided and will be assured that their information will not be shared with excluded agencies. Exclusions will be noted in the Efforts to Outcomes (ETO) database.
- People will be notified of how they can revise/amend their permission for the collection and sharing of their private information. Any limitations to this revocation of consent will be explained to people.

Staying Connected with the Household

- Since re-finding people can be a challenge, Coordinated Entry staff will discuss all avenues for reaching the household in the future, including phone, email, text, other agencies in the community, etc., as outlined in CAP guidelines.
- Outreach and Coordinated Entry teams will work together and collaboratively with other programs to locate participants.
- Coordinated entry staff will diligently work to maintain regular contact with the household while they are on the CAP list, using the avenues for communication clarified with the person.

Connecting with Allied Professionals and Services in Community

- Where multiple service providers are providing Coordinated Entry services, regular case conferences with these service providers will occur. This will allow for coordination of services, ensuring minimal overlap. When appropriate, transition processes for households between coordinated entry providers will be determined.

- When appropriate and when consents are provided, Coordinated Entry staff will establish regular case conferencing opportunities with other service providers. Regular case conference meetings of front-line agencies are a key practice during which agencies can review approaches and activities implemented to date to support people experiencing unsheltered (rough sleepers) to identify next steps for contact and support. This practice can also ensure outreach workers stay up to date on program waitlists, eligibility criteria, and new staff in other agencies.
- Coordinated Entry will make referrals to other agencies and services as necessary, this may include starting applications to sources of income, acquiring identification, mental health support etc. Intake Workers will document referrals to ensure continued follow-up occurs following referral matching to a housing program.

Coordinated Access Process (CAP)

- Coordinated Entry staff will briefly explain the CAP Committee to the prospective program participants including how program matches are made.
- Coordinated Entry and Outreach Team staff will attend the weekly CAP committee meeting.
- Coordinated Entry staff will present household situations to the CAP committee and make program referral suggestions based on the information and insights gleaned from the assessment completed for the household. The presentation will include a brief description of the situation, their SPDAT score, and a recommendation for a program match based on their housing preferences.
- Outreach staff will provide insights on clients as applicable throughout the meeting.

Post Matching and Referral Process

When a participant is matched with a program vacancy, the Coordinated entry staff will contact the household within two days of the CAP meeting (or sooner if possible) to inform them of the vacancy and, if participant is interested, advise that they will be notified of an appointment time for the Possible Program Match (PPM) meeting.

- If the Coordinated Entry staff is unable to contact the household within the required time frame established in the policies, they will continue to actively contact the household through various means (e.g. phone, email, text, in-person, searching community, etc.).
- All efforts to connect with the household will be documented in ETO through case notes.
- A PPM meeting may occur at the service provider's office or any other location where the household is most comfortable (e.g. library, McDonalds, other community agency, etc.). Consideration will be given both to the safety for staff and participants as well as the quest to protect the privacy and confidentiality of household information when deciding upon a suitable location.
- Coordinated Entry staff will bring a copy of the SPDAT and any additional notes or information to help with the warm transfer process.
- During the PPM meeting, coordinated entry staff and the household will share information about housing and support goals, including key components of the

SPDAT and any other relevant information (income, community supports, etc.), that will assist in building rapport and initiating a positive connect with the new case manager/support team.

QUALITY ASSURANCE ACTIVITIES FOR MONITORING PERFORMANCE

- The Coordinated Entry Supervisor will ensure consistent use, application and interpretation of the eligibility criteria and assessment tools.
- The Coordinated Entry Supervisor will establish a process for regularly reviewing assessment results to enhance information gathering and correct scoring. Audits of files provides an opportunity to leverage continuous improvement opportunities.
- The Coordinated Entry Supervisor will review files monthly.
- In-reach and Outreach efforts to other homeless services, and community resources and referrals from those resources, are tracked to determine the effectiveness of outreach and to document outreach connections and impacts.

COORDINATED ENTRY TRACKING EFFORTS – ETO RECORDS

Standards and Procedures to Enhance Data Quality:

- Enroll program participants in the Coordinated Entry site for the date they agreed to engage.
- Ensure the participant's name and demographics are correct. (e.g. capitalize the name properly, i.e. Jane Smith).
- If the household identifies that they are currently experiencing homelessness, complete a VI-SPDAT (initial pre-screen) with individuals and families seeking services to determine if they would benefit from prevention/diversion/referral to other programs in the community or if they require a further assessment to be referred to a Housing First program.
- If the household is best served through prevention or diversion:
    - Complete the diversion intake interview
    - Enter referrals made in supporting the household
- If the household is best served through a Housing First program:
    - Complete the CAP intake interview
    - Complete the SPDAT
        - If referrals occurred relating to the SPDAT categories, the Intake Worker should include the status of referrals in the SPDAT.
    - Refer the household to CAP for program matching
- Record relevant case notes:
    - Date efforts for when the meeting, engagement, etc., occurred.
    - Time spent will be entered in minutes
    - Case notes will be entered within the week of the meeting, engagement, etc. If possible, case notes entry would happen within three days

OUTREACH TEAM TRACKING EFFORTS – ETO RECORDS

Standards and Procedures to Enhance Data Quality:

- Track available demographic data in the provided manual data collection tool.
- Based on the information available to the Outreach Worker, ensure the participant's name and demographics are recorded correctly.
- Each encounter should be captured separately. One client may have many associated line items.
    - Encounter information should detail the date of the current encounter and if the client has been encountered before.
- Type of engagement will be captured including:
    - If the engagement was a result from a referral from another agency
    - If the client was referred to the Housing System (e.g., Homelessness Prevention, Coordinated Entry, existing referral)
    - If other referrals occurred during the encounter
    - If transportation was provided
- If supplies were provided
- If the Outreach Team provides services to urban encampments, additional information may be required through reporting.
    - All items should be completed as accurately as possible

MEASURING IMPACT - KEY PERFORMANCE INDICATORS FOR COORDINATED ENTRY, OUTREACH AND DIVERSION PROGRAMS

Key Performance Indicators will be specific to each program dependent on the individual model(s) of programming.

Coordinated Entry Outputs:

1. Number of households that complete an initial pre-screen.
2. Number of households diverted from the homeless-serving system.
3. Number of households referred to a prevention program.
4. Number of referrals made to other community resources for households served.
5. Number of Intakes conducted at each outreach access point.
6. Number of SPDAT assessments completed.
7. Number of SPDAT assessments completed within 30 days of a household agreeing to work with Coordinated Entry Specialist.
8. Number of SPDAT training/refresher sessions offered and facilitated by CE staff

Coordinated Entry Outcomes:

1. Those who participate in Coordinated Entry will show a reduction in episodes of homelessness.
2. Improved service referrals for vulnerable individuals, couples and families that respect their circumstances and needs.

Coordinated Entry Outcome Indicators:

1. Outreach efforts result in reaching all priority populations.

2. Percentage of households that agree to work with a Coordinated Entry Specialist to complete an intake within 3 months of the first encounter
3. Percentage of households that are matched and referred to housing programs.
4. Number of households that exit Coordinated Entry for positive reasons.

Outreach Team Outputs

1. Number of outreach engagements made to individuals living in urban encampments or places not meant for human habitation.
2. Number of individuals referred to Coordinated Entry for intake and assessment.
3. Number of individuals who have interacted with Coordinated Entry/Coordinated Access Process.
4. Number of outreach engagements made to individual shelter stayers.
5. Number of housing support referrals derived from urban encampment engagements.
6. Number of referrals made to other community resources.
7. Number of transportations provided by Outreach Workers.
8. Number of instances where Outreach Workers provided insights that increased contact with participants through Coordinated Access.

Outreach Team Outcomes

1. Improved service referrals for vulnerable individuals and families that respect their housing circumstances and needs.

Outreach Team Outcome Indicators

1. Percentage of individuals living in urban encampments who have interacted with Red Deer's Housing First system.
2. Number of individuals living in urban encampments successfully housed.

Diversion Supports Outputs

1. Number of individuals and families who completed an initial pre-screen.
2. Number of individuals and families with alternative accommodations arranged.
3. Number of individuals who were diverted from the homelessness system of care.
4. Number of individuals and families who complete an intake.
5. Number of Individuals and families with developed housing plans.
6. Number of referrals made to Coordinated Entry and Homelessness Prevention
7. Number of referrals made to community programs
8. Number of clients housed who were followed up with, to determine housing stability after 3 months.

Diversion Supports Outcomes

1. Those persons diverted from receiving support through the program will be directed to the appropriate level of care.
2. Those persons housed through the program will remain stably housed.

COORDINATED ACCESS PROCESS (CAP)

The Coordinated Access Process (CAP) strives to streamline access and referral for prioritized households that would benefit from working with a housing program. It is a participant-centred approach that enhances consistency, transparency as well as the community's commitment to ensure that households that need dedicated housing-based case management supports receive referrals to these finite programs. Within CAP, a triage model prioritizes the most vulnerable households experiencing chronic and recurrent episodes of homelessness[32] are prioritized for service and matched to the most appropriate housing first program to meet their needs. This is not a *wait list* but is rather about making a best possible program match based on length of homelessness, acuity, participant choice and availability of program spaces. All housing programs funded by The City of Red Deer will participate in CAP. The Coordinated Access Process (CAP) Committee is a collaboration among housing programs in Red Deer to ensure that prioritization, matching and referral processes are evidence informed and focus on responding to the needs of highly vulnerable households experiencing homelessness.

Chronic Homelessness

Red Deer, follows the Alberta definition of chronic homelessness. Referring to those who either have been continuously experiencing homeless for a year or more or have had at least four episodes of homelessness in the last three years. In order to be considered chronic homelessness, a person would be sleeping in a place not meant for human habitation (e.g., living in urban encampments) and/or in an emergency homelessness shelter.

Episodic Homelessness

Homelessness experience that is less than a year and has fewer than four episodes in a three year period.

All participating programs are required to follow the CAP Guidelines and participate in both the weekly meetings and assign a leadership representative to the overarching CAP Executive Committee. The CAP Executive Committee provides oversight of the overall Coordinated Access system and is comprised of not only funded agencies, but other agencies that provide services and supports to people experiencing homelessness.

Since the CAP focuses on households experiencing chronic or recurrent episodes homelessness, Homelessness Prevention and Diversion programs do their own intake and participants are not required to go through the Coordinated Access Process. While program representatives are still included in CAP Committee membership.

Participants who are at risk of homelessness or newly homeless for the first time will be referred to a Homelessness Prevention program or other supports and programs in the community that can meet their needs.

[32] Infrastructure Canada (2024). Reaching Home – Homelessness Glossary for Communities. Retrieved from: https://homelessnesslearninghub.ca/library/resources/glossary-for-communities/

PROGRAM MATCHING

SPDAT is the standardized tool used to understand a household's strengths and needs to match to a housing program best resourced to support those needs. Participant choice in program referrals will always be respected. If a participant's preferred program is not available, they will be matched to the next best option and offered this opportunity rather than having them wait on the prioritization list.

Those households with the highest acuity and longest history of homelessness will be prioritized for programs with a focus on rough sleepers and long-term shelter stayers, dependent on program capacity.

Eligible Programs	Individual SPDAT	Family SPDAT
Amethyst House Permanent Supportive Housing Pathways to Housing Permanent Supportive Housing (50+)	45-60	N/A
Scattered Site Case Management – Intensive Case Management Level 2	50-60	70-80
Scattered Site Case Management – Intensive Case Management Level 1	45-49	66-69
Scattered Site Case Management – Rapid Rehousing Level 2	35-44	54-65
Scattered Site Case Management – Rapid Rehousing Level 1	20-34	27-53

**Transitional housing for youth can fall within any SPDAT range*

A CAP report from the Efforts to Outcomes (ETO) database will be generated for each meeting that prioritizes participants based on where they are currently staying, acuity, history of homelessness, and pregnancy. This prioritization list will be updated by The City of Red Deer.

When participants have the same SPDAT score and length of homelessness, the following elements (from the SPDAT assessment) will be considered when matching participants to a program:

1. Pregnancy,
2. Physical health & wellness,
3. Mental health & wellness and cognitive functioning, and
4. Involvement in high-risk activities and/or exploitive situations.

Programs accepting people via the CAP process will ensure they have the required information to make an informed decision at the meeting and will do their due diligence in following through on that referral. Programs are not obligated to accept a household if their program is not a good fit for that household; for example, the program does not have the

capacity to support the household in meeting their housing needs or the person does not have the ability to live with other tenants in a shared living situation.

When a program match is confirmed a Possible Program Match (PPM) meeting will occur between Coordinated Entry staff and the housing program accepting the participant. This will involve an in-person meeting with the participant and both staff. At the following CAP meeting the program will report back to the committee on all efforts made to engage the participant.

Every effort will be made to reduce the number of times a household goes through the Coordinated Access Process, thereby making the process more trauma informed, and person centred.

Households with complex needs that are outside of the capacity of the current Housing First programs will be discussed during a case conference as needed. Agencies involved in this case conference will vary depending on the household's needs and connection of community-based agencies. Agencies notify the CAP committee chair when households would benefit from a case conference so that this discussion is identified on the agenda for the meeting. The chair keeps a record households supported via case conferencing so that follow-up can occur.

Standards and Procedures to Enhance Service Excellence:

- Households who have been inactive (have not been in contact with intake worker and cannot be located) for over 90 days will be identified as "inactive" on the prioritization list until they re-engage in the process and/or are reconnected with the worker. If the household reconnects with the coordinated entry service provider, their SPDAT will be updated, and they will be brought forward to the CAP committee for a program match.
- For households on the prioritization list who remain in contact with their coordinated entry worker, SPDATs will be updated every 90 days.
- The CAP committee chair is responsible for flagging overdue assessments and informing the Coordinated Entry staff.
- Within one day of the CAP meeting, the chair will make referrals in ETO to the program that the household has been matched to for a warm transfer.

PROGRAM TRANSFERS

Program participants enrolled within a Prevention or Housing Program (Scattered Site Case Management, Permanent Supportive Housing and/or Youth Housing Programs) who would benefit from a different level of housing supports can be prioritized for a program transfer via the CAP.

- Example: A participant is enrolled in ICM Level 2, their acuity has decreased and less supports are required. Coordinated Entry can enter the most recent SPDAT and complete the CAP Intake Interview. At the beginning of each CAP meeting, program transfer requests will be discussed with a match to a more appropriate program

occurring. These participants do not need to be placed on the prioritization list; they will be prioritized in the CAP meeting.

POSSIBLE PROGRAM MATCH - PARTICIPANT, COORDINATED ENTRY & HOUSING PROGRAM

The warm transfer is the final step in the referral process and acts as the intake process for the receiving Housing First program, done by way of a Possible Program Match (PPM) meeting. This step supports households in their transition from Coordinated Entry to a Housing First program. It generally involves an in-person meeting with the household, coordinated entry staff and case manager. All PPMs will be documented by coordinated entry as well as by the case manager involved.

PRELIMINARY CASE CONFERENCING

Standards and Procedures to Enhance Service Excellence:

- The Coordinated Entry staff will bring a copy of the most recent SPDAT, CAP Intake Interview and any case notes or information to help with the warm transfer process.
- The case manager will bring the Consent to File Transfer form to the PPM.
- The warm transfer will be led by the case manager from the Housing First program. They will explain the housing program that the household has been matched to; ensuring the household has a good understanding of the program including the expectations of the household as a program participant and case manager.
- The Coordinated Entry staff will share information about the household, including key components of the SPDAT and any other relevant information (income, community supports, etc.), that will assist in case management support. The PPM is not for reassessment of the SPDAT.
- Provide an opportunity for the household, Coordinated Entry staff and case manager to ask questions or provide additional information.

COORDINATED ACCESS PROCESS TRACKING EFFORTS – ETO STANDARDS

Standards and Procedures to Enhance Data Quality:

- Coordinated entry staff will refer households from the Coordinated Entry site to the CAP site in ETO by 10 a.m. the day before the CAP meeting.
- Housing programs will ensure that all Pending Referral data is up to date by 10 a.m. the day before the CAP meeting.
- Housing program capacity will be submitted to the CAP Host by 2 p.m. the day before the meeting.
- City of Red Deer will send a list of client enrollments to Coordinated Entry the day before the meeting. The client enrollment list will be comprised of clients who have been enrolled for 45+ days in the Coordinated Access site of ETO.
- Coordinated entry staff will ensure SPDAT assessments are updated every 90 days.
- Coordinated entry staff will record relevant case notes
    - Date efforts for when the meeting, engagement, etc. occurred.
    - Time spent will be entered in minutes.

    - Case notes will be entered within the week of the meeting, engagement, etc.; ideally within three days.
- After a household has been matched to a program, the City of Red Deer CAP Committee Chair will issue applicable referrals in ETO within 1 day.
- The City of Red Deer CAP Committee Chair will remove the households from the CAP list in ETO upon acceptance into the referred program or upon disengagement.

MEASURING IMPACT – KEY PERFORMANCE INDICATORS FOR COMMUNITY ACCESS PROGRAM

Outputs:

1. Number of households enrolled in CAP.
2. Number of households matched to a housing program.

Outcomes:

1. Those households enrolled in the Coordinated Access Process will be matched to a housing program that meets their needs in an efficient, fair and transparent manner.
2. Those households enrolled in the Coordinated Access Process will show a reduction in the length of time between CAP enrollment and when they are matched to a Housing First program.
3. Complex populations enrolled in the Coordinated Access Process that are difficult to house in existing programs have improved **access through case conferencing.**

Outcome Indicators/Measures:

1. Average length of time from enrollment in CAP to Housing First program referral.

SCATTERED SITE CASE MANAGEMENT PROGRAMS

Scattered Site Case Management acts as an umbrella to both Intensive Case Management and Rapid Rehousing programming. There are two levels of support within both programs depending on participant housing needs and acuity (Level 1 and Level 2). In alignment with Housing First, there are no preconditions (i.e. sobriety) for households to participate in Scattered Site Case Management Programs. Program participation and housing are not linked so that loss of one does not lead to loss of the other.

Scattered Site Case Management Programs provide a blended caseload approach with each funded program serving households demonstrating both moderate (aligns with a Rapid Rehousing intensity of supports for 6-12 months) and high depth of need (aligns with Intensive Case Management intensity of supports for 12-18 months), based on the SPDAT assessment at the point of program intake. It is recognized that as households progress through the housing stability journey, their housing stability and the key life areas requiring attention with naturally evolve over time. The longer households stay housed and supported with the frequency and intensity of housing-based case management supports that meet their needs, the housing stability experienced by the household improves (demonstrated by a reduced SPDAT score). By having caseloads that include participants demonstrating moderate acuity to high acuity, it is hoped that case managers will be able to modify the intensity and frequency of supports provided to meet the needs of households, reducing the need for program transfers from Intensive Case Management to Rapid Rehousing programs and vice versa. Case management supports are provided to assist with housing and life stability in a person centred, strength based, solution focused manner. Individualized case management support occurs with participants on a regular and timely basis through home visits and engagements in the community.

For households that are recovering from chronic homelessness, case managers benefit from recalling the Sigmoid Curve that represents the growth and life cycle of the housing intervention. The life cycle is broken down into three distinct phases[33]:

Formative: In the early days/weeks/months of moving into housing, learning and adjustment takes place and chaos can be expected. In this early phase of initial housing, the case manager focuses on helping the participant **ADJUST** to their new reality.

FOCUS FOR PHASE ONE: ADJUSTING	Sample of Essential Activities for Case Manager: ○ Setting the apartment up ○ Addressing guest management issues or social isolation ○ Budgeting and money management ○ Staying in the apartment consecutive nights ○ Addressing food security ○ Payment of rent ○ Following terms of lease

[33] De Jong, Iain (2019). The Book on Ending Homelessness. Friesen Press.

- Appropriate engagement with landlord and neighbours
- *Transactional* engagement with case manager

Normative: In the middle stage of the housing intervention life cycle, the Normative phase is seen as a time of considerable growth that results from **COACHING** on the part of the case manager and connections to other community resources.

FOCUS FOR PHASE TWO:

COACHING

Sample of Essential Activities for Case Manager:

- Socio-recreational activities
- Connecting to mainstream resources and other systems of care
- Demonstrating self-sufficiency in activities of apartment management
- Interested in more in-depth goal setting
- Increasing social awareness
- Motivated to change
- Enhanced wellness
- *Transformational* engagement with case manager

Integrative: This phase is a time of **MONITORING** to see how the participant does when exercising greater independence. Engagement continues but it is markedly different from the first two phases where there was more hands-on engagement on the supports.

FOCUS FOR PHASE THREE:

MONITORING

Sample of Essential Activities for Case Manager:

- Self-sufficiency is evident
- Range of activities that add meaning to life
- Managing with poverty
- Sustainable housing
- Paying rent on time and in full
- Self-aware - generating ideas to work on as goals and motivated to work on those independently
- Planning for greater independence
- *Transactional* engagement with case manager

To establish balanced caseloads, the following guidance is provided that incorporates the steps of the housing stabilization journey as well as the housing support needs most beneficial for participants scoring for ICM 2 (50-60 for Singles and 70-80 for Families), ICM 1 (45-49 for Singles and 54-65 for Families), RRH 2 (35-44 for Singles and 54-65 for Families) and RRH1(20-34 for Singles and 27-53 for Families). **Supervisors and Managers should reference their service agreement logic models to determine the minimum annual client targets served in each level**. Taking into consideration the client targets by level and the total number of Case Managers (e.g., A program may have 3 full-time Case Managers and is contracted to serve 40 ICM Level 2 clients in a year, on average each Case Manager should have 10 ICM 2 clients on their case load along spectrum of steps using the following guidance.)

BALANCED CASE LOADS PER SCATTERED SITE CASE MANAGER[34]	
Steps in the Housing Journey	**Active Caseload (Maximum of 20 clients)**
Step 1: Initial Housing Stability	ICM 2 or ICM 1:2 Participants maximum RRH 2 or RRH 1: 1Participant
Step 2: Individualized Service Plan	ICM 2 or ICM 1: 2 Participants maximum RRH 2: 1 Participants RRH: 1 Participant
Step 3: Self Awareness	ICM 2: 2 Participants ICM 1: 1 Participant RRH 2: 1 Participants RRH 1: 1 Participant-
Step 4: Self-Management	ICM 2 or ICM 1: 3 Participants RRH 2 or RRH 1: 1 Participant
Step 5: Reframe/Rebuild	ICM 2 or ICM 1: 3 Participants RRH 2 or RRH 1: 1 Participant

Scattered Site Case Management is more than a brokerage function. It is a deliberate support model that involves building a trusting relationship with the participant and providing on-going support to help the participant function in the least restrictive, most natural environment and to ensure housing stability and improved quality of life.[35] For example, the fact that a participant is working with a mental health professional does not mean the end of the case manager's work.

The program is expected to participate in and accept referrals from the Coordinated Access Process and to participate in efforts to improve the efficiency and quality of referrals to reduce the length of time participants stay in homelessness.

[34] Scattered Site Case Management teams are encouraged to test and monitor the composition of a balanced caseload. Research into balanced caseloads for hybrid ICM-RRH supports is sparse and insights from your local experienced should be documented and revised as needed.

[35] Government of Ontario. (2005). Intensive Case Management Service Standards for Mental Health Services and Supports. Retrieved fromhttp://www.southwestlhin.on.ca/~/media/sites/sw/uploadedfiles/Public_Community/Health_Service_Providers/NEW_Community/4%20Intensive%20Case%20Management%20Service%20Standards%20for%20Mental%20Health%20Services%202005.pdf?la=en

HOUSING IDENTIFICATION

Since the only solution to homelessness is housing, it is no surprise that one of the primary activities within Scattered Site Case Management interventions involves the identification of appropriate housing options. Even in a reality of housing scarcity, choice is a primary object in the work completed with households.

Standards and Procedures to Enhance Service Excellence:

Landlord Engagement

- Case managers will engage in recruiting landlords with housing units in the communities and neighbourhoods where participants want to live and negotiate with landlords to help program participants access housing.
- Case managers will be familiar with the screening information landlords collect to identify prospective tenants, which can help match program participants with landlords and units.
- The program will have written policies and procedures in place for landlord recruitment activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and unsafe housing practices.
- Case managers will provide the contact information of appropriate staff to landlords, respond to landlord calls within one business day, mediate disputes between program participants and landlords, pay for damage caused to units (if appropriate), and assure rental payments are made on time.

Appropriate Rental Housing and Choice

- The housing units will meet Canadian standards of housing which are adequacy, affordability, and suitability.
- Programs seek appropriate and sustainable housing options for participants- that is, housing for which they will be able to pay the rent after any program-specific financial assistance ends.
- Understanding the important role of choice, programs will strive to provide participants with at least two choices of potential housing options, where appropriate. Housing First program provide housing location support for participants, but this does not preclude program participants from conducting their own search and choosing housing that they have independently identified.

Leases

- Whenever possible, participants will have a lease in their name, thereby ensuring they have full rights of tenancy under landlord–tenant law, including control over living space and protection against eviction.
- Case managers will seek ways to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments. Whenever possible, they will negotiate move-out terms and assist the participant or household to preemptively locate and move into another unit without an eviction.

RENT AND MOVE-IN ASSISTANCE

Using program specific funding for housing start-up when available, Scattered Site Case Management Programs will assist participants in securing tenancy and moving in.

Standards and Procedures to Enhance Service Excellence:

Initial Walk-Throughs

- Case managers will support participants to conduct move-in and move-out walk-throughs at rental properties so as to avoid excessive landlord deposits and deductions in cases where participants have to move out.
- Copies of lease agreements and any information from move-in walk-through inspections (pictures, resulting maintenance requests, etc.) will be kept in the participant file.

Basic Needs including Furnishings

- Case managers will help participants access essential items prior to move-in, such as food, hygiene products, cleaning products, securing basic furnishings, including mattresses and basic kitchen items like pots, can openers and utensils.
- Assistance with utility set up will be completed prior to the participant's move-in day.
- To expedite the move-in process, it is helpful to have agreements with furniture providers or local furniture banks for specific furniture packages.

Financial Support and Management

- The program will have clearly defined policies and procedures for determining the amount of support dollars provided to each program participant that align with the local guidelines established by The City of Red Deer.
- Program staff will explain the expectations for when case management and financial assistance will start and end. Participants will be clearly informed about the expected duration of supports based on the type of supports required (RRH or ICM). In some instances, participants may not need financial assistance but still require case management supports.
- Case managers will help participants review their budgets, including their income and spending, to help with decision-making around reducing expenses and increasing income for housing stability.
- As an important ingredient in developing a sense of ownership over their housing, participants will be expected to contribute toward their rent and other costs, and work towards reducing or ending subsidies.
- The program will have established processes for the approval, review, and modification of different types and levels of financial assistance.

Third-Party Rent Payments

- Third-party payments have assisted many participants in prioritizing the payment of rent and so this payment option will be explored, when relevant. Direct payment of rent from the participant's income source to the landlord is a business practice that

is strongly recommended and can be a lynchpin of the relationship with the landlord. It is also important to note that it is the participant who decides whether to permit direct payment of rent, and it is entirely voluntary.

- Case managers will explain to the landlord that direct payment of rent is not a guarantee of rent; that the organization is not the entity issuing the direct payment of rent (it is a different government body); that payment of rent and the rent supplement is directly linked to the participant remaining in the unit; and that the organization is not responsible for arrears.

CASE MANAGEMENT AND SERVICES

Scattered Site Case Management Programs are intended to help participants find and move into permanent housing; to support participants to stabilize in housing; and to connect them to community and mainstream services and supports, as required. Proactive engagements and support interventions will focus on supporting participants through the five essential and sequential steps from homelessness to housing stability.

Refer to the Core Standards of Care (Chapter Three) for case management standards.

Standards and Procedures to Enhance Service Excellence:

Balanced Caseloads

- Scattered Site Case Managers will support participants that would benefit from moderate and high intensity and frequency of housing-based case management supports. To assist in the development of balanced caseloads, Team Leads/Supervisors will assign new admissions to the program to caseload vacancies within the team. Although the research into the hybrid nature of the acuity levels served within Scattered Site Case Management teams is not readily available, the following guidance is provided to support the assignment of new participants for current case managers.

Participant Engagement

- Upon completion of a warm transfer from the Coordinated Access Process, building rapport with the new participant will be essential to create a working alliance between the worker and the household. For those participants who may be second guessing their decision to become attached to you, the program or to housing or those that may be challenged by the new realities of housing, exercising assertive engagement when motivational interviewing strategies have been exhausted may create another opportunity to re-engage with “hesitant” participants. Assertive engagement is both persistent and active, with the case manager trying new approaches and strategies until they have formed a healthy and effective working relationship that addresses the housing and support needs of the participant.
- Operating as a program team proves to be beneficial for housing-based case management programs. To ensure consistency of support provision, services will often be provided by a primary case manager, to the extent possible and a secondary backup case manager will be identified and informed about the

participant's progress should their assistance be beneficial (i.e. vacation and leave coverage, etc.).

Participant Agreement – The Importance of Informed Consent

- Case managers will review a Housing First Letter of Agreement prior to the commencement of services. Upon understanding the activities, approaches and supports provided in the program, participants will be invited to sign to confirm their desire and commitment to participate.

Helping Participants Secure and Move into Housing

- Case managers will help participants resolve or mitigate tenant screening barriers like rental and utility arrears or multiple evictions; obtain necessary identification if needed; support other move-in activities such as providing furniture; and prepare participants for successful tenancy by reviewing lease provisions.

Stabilizing Participants in Housing

- After moving in, case management will be via home visits and community-based engagements and will focus on helping participants stabilize in housing. Based upon participant needs and requests, case management activities will help participants identify and access supports including family and friend networks, mainstream and community services, and employment and income.

Guest Management Assistance

- The program will work with the participant to develop a guest management plan, to explore expectations of the landlord and/or neighbours as well as to optimize the importance of friends and family visiting without jeopardizing the participant's ability to remain housed.

Landlord and Property Management Relationships

- If relevant, Case managers will contact the landlord between the 1st and the 5th day of each month to ensure rent has been paid by the participant or by the third party. This is a good opportunity to build relationships with landlords and address any issues or concerns early.

Managing Issues and Conflicts

- Case managers work to resolve issues or conflicts that may lead to tenancy problems, such as disputes with landlords or neighbours. Such reality-based coaching and modelling will assist participants develop and/or implement the skills needed to retain housing once they are no longer in the program.

Crisis Management

- The program will support participants in preparing for the possibility of a crisis and increase their awareness of local resources and services they can connect with if they enter crisis mode.
- It is helpful for program staff to be mindful of changing events and cues in a participant's life (e.g. the state of their surroundings or their self-care) to assist the

participant in increasing their awareness of the indicators of instability/relapse/crisis and increase their skills and comfort in activating supports to prevent or address potential crises.

Community Integration

- Participants are encouraged and supported to participate in community events, such as recreational and cultural activities, spiritual programs, and community educational activities.

Response to Housing Loss

- If a participant loses housing while with the program, they are provided with case management services while homeless through assertive engagement until new housing can be located. Rehousing will be prioritized for the participant.

Planning, Procedures and Records Management

- Case managers will develop an individualized service plan with each participant that outlines goals and action steps.
- The program will have clear safety procedures for home visits based on the core service standards outlined in Chapter Three of this document.
- Case managers will collect, maintain, and update records of available community resources for program participants. These include community resources that can reduce burdens on income, including employment opportunities, food banks, clothing consignment stores, low-income utility programs, and others.

Exit Planning

The program will have clear and consistent graduation criteria in place to move participants to self-sufficiency, while ensuring they are supported to reduce returns into homelessness. Graduation from Red Deer's Housing First programs means:

- Demonstration of increased and maintainable stability:
  - Decrease in SPDAT acuity
  - Housed without eviction for at least 6 months
  - Housing stability can be maintained without support services provided through program.
- Establishment of Support System:
  - Income source has been accessed
  - Access to community-based supports has been established (e.g., support groups, family doctor, food bank, natural supports)
  - Custom crisis plan is in place, which includes emergency and 24-hour community supports available
- Client and case manager agree that case management is no longer required:
  - Case file summary and recent SPDAT result reflect indicators of stability
  - Monthly rent payments are being made consistently.
  - Required community-based supports and services are active to ensure long-term stability

        - Regular income has been established

Program Enrolment Extensions

- If a participant is reaching the maximum program enrolment timeline but is still requiring additional supports, the program supervisor will request an extension by contacting the City of Red Deer. In the request the program will include:
    - Client name and case number
    - Rationale for program enrolment extension request
    - Requested enrolment extension timeline and activities assigned to move client towards a successful program exit following extension period
    - Any other necessary information to provide context to the participant's situation

Reinstating Enrolment in Program

- If a participant has graduated from programming or been dismissed from programming for any reason, there is a 90-day period where the client can be re-enrolled.
    - The program supervisor can request reinstatement in programming by connecting with the City of Red Deer
- If the participant has been dismissed or graduated for a period of more than 90 days, the client reconnects with a Coordinated Entry team to complete an intake and assessment to determine the level of supports needed and be matched to programming through Coordinated Access.

MONITORING PERFORMANCE

Quality assurance activities such as monitoring of activities and file audits provide immediate feedback on what is working well within the program as well as identifying opportunities for continuous improvement initiatives. Chapter Five of this document provides additional information to guide quality assurance activities.

Standards and Procedures to Enhance Service Excellence:

- Supervisors and team leads are required to review and monitor case files on a regular basis to ensure these are complete, accurate, and reflective of the individualized service plan and participant goals. File reviews will also assess in the frequency of home visits and the intensity of supports match the needs of the household.
- It is recommended that file reviews will be done at a minimum of three files per month per case manager.
- Team leads will also have a weekly case review process to help staff problem-solve around individualized service plans.
- The program will monitor the implementation of policies and procedures, and to assess participant satisfaction with services provided.
- The program will establish processes for participants to communicate grievances and ensure serious incident review processes are in place and appropriately reported. Mechanisms for quality assurance will be established and the program will demonstrate that feedback, complaints and appeals processes lead to

improvements within the service and that outcomes are communicated to relevant stakeholders. The program will conduct a participant feedback/satisfaction survey before a participant graduates or exits the program.

TRACKING EFFORTS – ETO FOR SCATTERED SITE CASE MANAGEMENT PROGRAMS

Standards and Procedures to Enhance Data Quality:

- Participants are to be referred from CAP, no direct intake into the program.
- Ensure the participant's name and demographics are correct. (e.g. capitalize the participant's name properly, i.e. Jane Smith).
- Complete the intake interview.
    - The intake interview will be dated for when the participant moves into housing.
    - Information from the interview is to be entered within 15 days so long as it is recorded before month end.
        - Example 1: The participant moves in on July 1; therefore, the intake interview will be entered in ETO on or before July 15.
- Complete SPDAT assessments.
    - At housing
        - Assessments are to be entered within 15 days so long as they are recorded before month end.
            - Example 1: The participant moves in on July 1; therefore, the housing SPDAT will be entered in ETO on or before July 15.
    - After housing, SPDATs will be completed quarterly/every three months plus or minus 15 days so long as the SPDAT is recorded in the calendar month in which the SPDAT is due.
- Complete quarterly follow-up interviews.
    - These will be completed every three months plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due.
        - Example 1: The participant moves in on July 1; therefore, the three-month follow-up interview is due in October and is to be entered October 1 – 15.
- Enter the individualized service plan.
    - Along with the participant's name, include the date of the service plan to differentiate it from future service plans.
        - Example: February 10, 2017 – Jane Doe Service Plan
    - Record frequency of updates, if available.
- Record efforts/case notes.
    - Date efforts for when the home visit, engagement, community referral etc. occurred.
    - Time spent will be entered in minutes.
    - Case notes will be entered within 7 days of the home visit, engagement, community referral etc. or ideally within three days.
- Complete the exit interview.

- Information from the interview is to be entered within 15 days of a participant moving out or leaving the program, so long as it is recorded before month end.
    - Example 1: Participant moves out in March 15; therefore, the Exit Interview will be entered in ETO on or before March 30.
- Participants who successfully complete HIMD are referred to the graduate program.
    - The graduate program start date will match the ICM program exit date recorded in the exit interview.
- For graduate participants, complete six-month and 12-month post follow-up interviews.
    - To be entered six months and 12 months following HIMD exit/graduate start plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due.
        - Example 1: The participant starts in the graduate program on March 15; therefore, the six-month post exit interview will be entered September 1 – 30.
    - Clients enrolled in graduate do not count towards case manager caseload, and do not need to be dismissed from the site unless program prefers to remove following the finalization of the 12-month post-exit interview.

MEASURING OUTCOMES – KEY PERFORMANCE INDICATORS

Outputs

1. At any point in time, the program will maintain 95% program capacity of case load.
2. Case Managers will maintain a case load of:
    - ICM 2: 10-11
    - ICM 1: 1-2
    - Rapid Rehousing 2: 5-9
    - Rapid Rehousing 1: 1-2
3. Where applicable, families with more than 3 members will be considered as two participants. (Based on current funding allocation and the System Framework)
4. Number of individuals or families who were referred to the program through Coordinated Access.
5. Number of individuals or families who were accepted into the program's intake.
6. Number of individuals or families with timely, consistent and accurately recorded case notes.
7. Number of individuals or families who were housed through the program and completed an Intake Interview and Housing SPDAT.
8. Number of individuals or families who were housed and completely quarterly SPDATs.
9. Average time needed (in days) to house a client from possible program match (PPM) meeting to move-in.
10. Average time needed (in days) to re-house a client.
11. Number of individuals or families who were housed or provided assistance through the program with completed a service plans.
12. Number of individuals or families with completed budgeting forms.

13. Number of individuals or families with completed crisis plans.
14. Number of individuals or families with completed personal guest plans.
15. Number of individuals or families with completed risk assessments.
16. Number of individuals or families provided assistance with completing any kind of funding and income supports (e.g., obtaining identification, setting up third-part payment, disability, pension or rent subsidy applications.)
17. Number of individuals or families that receive any kind of move-in support.
18. Number of individuals who were referred to community resources.
19. Number of individuals and families for whom a follow-up home visitation schedule was developed and completed.
20. Number of individuals or families who were successfully reached for quarterly follow-up interviews.
21. Number of individuals who were housed or provided assistance through the program and completed an exit interview.
22. Number of individuals or families who successfully completed the program and were referred to the graduate program.
23. Number of graduate clients who completed 6-month and 12-most post follow-up interviews.
24. Program Case Managers maintained the corresponding caseload assignment meeting the guidelines of contract client targets.
25. No more than 15% of recently homeless clients will return to homelessness upon graduation and no more than 15% of clients at risk of homelessness will become homeless upon graduation.
26. Number of individuals or families who received financial assistance, such as damage deposits, rent supplements, utilities, moving costs, household items, or other supports as needed tracked by a completed financial request form.

Outcomes

1. Those persons housed in the program will remain stably housed upon exit or exit for positive reasons.
2. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
3. Those persons housed in the program will demonstrate improve self-sufficiency.
4. Those persons accepted into the program will demonstrate engagement in mainstream services.
5. Those persons housed in the program will remain stably housed upon exit or exit for positive reasons.

Outcome Indicators/Measures

1. Percentage of persons housed who remain stably housed in the program at any given reporting period or exit for positive reasons. (Target 85%)
2. Number of persons housed in the program that show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.

3. Percentage of persons housed in the program that have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.). (Target 85%)
4. Number of persons housed in the program that have engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).
5. Percentage of persons housed in the program that remain stably housed or exit for positive reasons (Target 85%).
6. Number of individuals who reported Indigenous cultural supports as a key component of their housing stability.

HOUSING SUPPORTS FOR YOUTH

Within the City of Red Deer, two types of housing models are available to meet the housing support needs of youth:

Transitional Housing – This is a place-based model where participants are housed in a transitional house with other youth with comparable issues. In this group setting, youth can gain the skills and confidence to manage the details of independent living on their own. A house mentor may live on site to provide good neighbor/good roommate skills.

Scattered Site Housing – This housing model involves youth renting appropriate housing units (both market and non-market) in the community.

Services are geared towards youth between the ages of 16-24 who are without a permanent place of residence; live on the street, in shelters or in places that are not limited or suitable for permanent residence; are "couch-surfing" or temporarily living with others for short periods of time.

The program is expected to participate in and accept referrals from the Coordinated Access Process and to participate in efforts to improve the efficiency and quality of referrals to reduce the length of time participants stay in homelessness.

YOUTH-APPROPRIATE SUPPORTS

Addressing the underlying needs of youth begins with safe housing options and then begins the essential work of providing the necessary and age-appropriate supports that focus on health, wellbeing, life skills, engagement in education and employment and social inclusion that will assist youth transition into adulthood[36]. The range of supports offered, the underlying philosophy, and the service delivery model will be youth appropriate and based on the needs of adolescents and emerging adults. It will also be recognized that in accessing housing, young people may experience age discrimination and policy gaps that create additional challenges in accessing housing, income, food security and continuity of supports as "children" move into "adult" systems of care.

Standards and Procedures to Enhance Service Excellence:

- Each youth in the program will have access, as appropriate, to case management services provided by trained staff.
- Support and case management services aim to enhance physical, emotional, cultural wellness for participants with a focus on positive youth development strategies. Skill building and coaching will be ongoing to assist with such activities as how to take care of their housing, emotional regulation; conflict management;

[36] Gaetz, S., Walter, H. and Story, C. (2021). *THIS is Housing First for Youth. Part 1 – Program Model Guide*. Toronto, ON: Canadian Observatory on Homelessness Press.

shopping and food prep; money management; utilization of community services; safety and security.

- For some youth, support and case management may also include education, training and employment; supporting relationships with family and other natural supports; sexual orientation and gender identity supports; and cultural supports.
- When safe and appropriate to do so, youth housing programs may also support the youth to maintain relationships with part of case management.
- The program will also maintain linkages with community agencies and individuals for the provision of those services required by youth and/or their families but are not directly provided by the service provider.

TRANSITIONAL HOUSING

Standards and Procedures to Enhance Service Excellence:

- Program will hold the master lease or own the transitional housing unit.
- Work to create a separation of landlord and case management functions to replicate independent tenancy relationships. If the service provider is the landlord, the tenancy and supportive services will be clearly outlined and explained to the youth.
- Program will develop a policy that describes the role of staff and live-in mentors to ensure staff members and mentors stay within the scope of their respective roles to support the positive development of the youth and to build trust. The policy will be clearly explained to the youth.
- The program will create a policy and procedure around entering units that addresses when program staff can enter a tenant's unit or space with and without consent (e.g., to provide support, in the event of an emergency); how program staff enter a tenant's unit or space (e.g., knocking first, verbally announcing their presence); and what happens if a tenant refuses support and does not agree to program staff coming in (e.g., the tenant may not participate in support services).
- Within early days of the move-in, the case manager will review the house rules and policies, including the agency's rights and responsibilities, youth's rights and responsibilities as a "tenant" as well as expectation of participation of case management services.

Community Integration

- The program will develop community networks to foster acceptance of transitional housing programs and enhance safety and stability for residents and neighbours.
- Participants are encouraged to participate in community events, such as recreational and cultural activities, spiritual programs, and community educational activities.

House Sharing

- For shared housing environments, active engagement in the program and assistance in adjusting to the other residents will focus on fostering a sense of belonging for the new participant. It is essential that the program convey an understanding of the potential benefits of housemates or house-sharing to address

isolation issues. Helping youth make supportive and positive peer-to-peer relationships is a priority for all youth programs.

HOUSING AND SUPPORTS VIA SCATTERED SITE LOCATIONS

Standards and Procedures to Enhance Service Excellence:

Landlord Engagement, when/if appropriate

- Case managers will assist youth in locating housing options in the communities and neighbourhoods where participants want to live and, when relevant, negotiate with landlords to help program participants access housing.
- Case managers will be familiar with the screening information landlords collect to identify prospective tenants, which can help match program participants with landlords and units.
- It is recommended that the program have written policies and procedures in place for landlord engagement activities, including screening out potential landlord partners who have a history of poor compliance with their legal responsibilities and unsafe housing practices.
- When relevant, Case managers will provide the contact information of appropriate staff to landlords and clarify with the landlord about the program's response times to requests for assistance, the role of case managers (not "mini-landlords"), the willingness to mediate disputes between program participants and landlords, pay for damage caused to units (if appropriate and funds are available), and assure rental payments are made on time (when/if applicable).

Appropriate Rental Housing and Choice

- The housing units will meet Canadian standards of housing which are adequacy, affordability and suitability.
- Programs seek appropriate and sustainable housing options for participants- that is, housing for which they will be able to pay the rent after any program-specific financial assistance ends.
- Understanding the important role of choice, programs will strive to provide participants with at least two choices of potential housing options, where appropriate. Housing First program provide housing location support for participants, but this does not preclude program participants from conducting their own search and choosing housing that they have independently identified.

Leases

- Whenever possible, participants will have a lease in their name, thereby ensuring they have full rights of tenancy under landlord–tenant law, including control over living space and protection against eviction.
- Case managers will seek ways to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments. Whenever possible, they will negotiate move-out terms and assist the participant or household to preemptively locate and move into another unit without an eviction.

RENT AND MOVE IN ASSISTANCE

Standards and Procedures to Enhance Service Excellence:

Walk-Throughs

- When appropriate, Case managers will support participants during move-in and move-out walk-throughs at rental properties to avoid excessive landlord deposits and deductions in cases where participants must move out.
- When relevant, keeping copies of lease agreements and move-in walk-through inspections in the participant file will be important.

Basic Needs including Furnishings

- Case managers will help participants meet basic needs at move-in, such as securing basic furnishings for an apartment, including mattresses and basic kitchen items such as pots and utensils.
- Assistance with utility set up will be completed prior to the participant's move-in day.
- It is helpful to have agreements with furniture providers or local furniture banks for specific furniture packages. This ensures that furnishing the apartment does not slow the move-in process.

Financial Support and Management

- The program will have clearly defined policies and procedures for determining the amount of support dollars provided to each participant (when funds are available) that align with the local guidelines established by The City of Red Deer.
- Program staff will explain the expectations for when case management and financial assistance will start and end. Participants will be clearly informed that the program is intended to be of short duration. In some instances, participants may not need financial assistance but still require case management supports.
- Case managers will offer budgeting assistance to participants to determine the level of participant support required.
- Case managers will help participants review their budgets, including their income and spending, to help with decision-making around reducing expenses and increasing income.
- Participants are expected to contribute toward their rent and other costs, and work towards reducing or ending subsidies.
- The program will have established processes for the approval, review, and modification of different types and levels of financial assistance.

Third-Party Rent Payments

- Although third party payment arrangements are not as common in the youth serving sector, this approach has assisted both youth and landlords in many communities. For many youth, such an automatic payment of rent assist with their budgeting and money management strategies. Such direct payments made by a third party on a participant's behalf. Direct payment of rent from the participant's income source to the landlord is a business practice that is strongly recommended and can be a

lynchpin of the relationship with the landlord. It is also important to note that it is the participant who decides whether or not to permit direct payment of rent, and it is entirely voluntary.

- Case managers will explain to the landlord that direct payment of rent is not a guarantee of rent; that the organization is not the entity issuing the direct payment of rent (it is a different government body); that payment of rent and the rent supplement is directly linked to the participant remaining in the unit; and that the organization is not responsible for arrears.

CASE MANAGEMENT AND SERVICES FOR YOUTH HOUSING AND SUPPORT OPTIONS

Refer to Core Service Standards outlined in Chapter Three of this guide for case planning and management standards.

Standards and Procedures to Enhance Service Excellence:

Participant Engagement

- Upon completion of a warm transfer from the Coordinated Access Process, building rapport with the new participant will be essential to create a working alliance between the worker and the youth. For those participants who may be second guessing their decision to become attached to you, the program or to housing or those that may be challenged by the new realities of housing, exercising assertive engagement when motivational interviewing strategies have been exhausted may create another opportunity to re-engage with "hesitant" youth. Assertive engagement is both persistent and active, with the case manager trying new approaches and strategies until they have formed a healthy and effective working relationship that addresses the housing and support needs of the youth.
- Operating as a program team proves to be beneficial for housing-based case management programs. To ensure consistency of support provision, services will often be provided by a primary case manager, to the extent possible and a secondary backup case manager will be identified and informed about the participant's progress should their assistance be beneficial (i.e. vacation and leave coverage, etc.).

Participant Agreement – Importance of Informed Consent

- Case managers will have all participants sign a Housing First Letter of Agreement prior to the commencement of services.

Helping Participants Secure and Move into Housing

- In scattered site housing, case managers will help participants resolve or mitigate tenant screening barriers like rental and utility arrears or multiple evictions; obtain necessary identification if needed; support other move-in activities such as providing furniture; and prepare participants for successful tenancy by reviewing lease provisions.

Stabilizing Participants in Housing

- After moving in, case management will be via regularly occurring home visits, community-based engagements and will focus on helping participants stabilize in housing. Based upon participant needs and requests, case management activities will help participants identify and access supports including family and friend networks, mainstream and community services, and employment and income.

Guest Management

- In congregate housing settings for Youth Transitional Housing, it is common that staff and participants will co-design a guest policy that balances safety and tenant rights to host guests in the building. Often, program staff work with the tenants to develop a personal guest policy that also works for other tenants, when they think it is a good idea to have guests over, how many guests would be reasonable to have over at any one time, the types of activities they think are appropriate to engage in within their apartment, and what they think is appropriate should they find their actions in conflict with the guest policy.
- In scattered site housing programs for youth, the program will work with the participant to develop a guest management plan, to explore expectations of the landlord and/or neighbours as well as to optimize the importance of friends and family visiting without jeopardizing the participant's ability to remain housed.

Landlord and Property Management Relationships

- When appropriate, Case managers will contact the landlord between the 1st and the 5th day of each month to ensure rent has been paid by the participant or by the third party. This is a good opportunity to build relationships with landlords and address any issues or concerns early.

Managing Issues and Conflicts

- Case managers will work to address and resolve issues or conflicts that may lead to tenancy problems, such as disputes with roommates, landlords or neighbours while also helping youth develop and implement the skills they will use to retain housing once they are no longer in the program.

Crisis Management

- The program will support participants in preparing for the possibility of a crisis and help them learn how to access resources if they begin to experience relapse.
- It is important for program staff to be attuned to changing events and cues in a participant's life (e.g. the state of their surroundings or their self-care) to prevent potential crises.

Community Integration

- Participants are encouraged to participate in community events, such as recreational and cultural activities, spiritual programs, and community educational activities.

Responding to Housing Loss

- If a participant loses housing while with the program, they are provided with case management services while homeless through assertive engagement until new housing can be located.

Exit Planning

- The program will have clear and consistent graduation criteria in place to move participants to self-sufficiency; while ensuring they are supported to reduce returns into homelessness. Graduation from Red Deer's Housing First programs means:
    - Demonstration of increased and maintainable stability:
        - Decrease in SPDAT acuity
        - Housed without eviction for at least 6 months
        - Housing stability can be maintained without support services provided through program.
    - Establishment of Support System:
        - Income source has been accessed
        - Access to community-based supports has been established (e.g., support groups, family doctor, food bank, natural supports)
        - Custom crisis plan is in place, which includes emergency and 24-hour community supports available
    - Client and case manager agree that case management is no longer required:
        - Case file summary and recent SPDAT result reflect indicators of stability
        - Monthly rent payments are being made consistently.
        - Required community-based supports and services are active to ensure long-term stability
        - Regular income has been established
- Case managers will provide participants with warm transfers to mainstream and community-based services that will continue to assist them after they have exited the program.

Program Enrolment Extensions

- If an enrolled participant is reaching or beyond the age range for supports (e.g., nearing age 25) but is still housing supports, the program supervisor will request an extension by contacting the City of Red Deer. In the request the program will include:
    - Client name and case numbers
    - Rationale for program enrolment extension request
    - Requested enrolment extension timeline and activities assigned to move client towards a successful program exit following extension period
    - Any other necessary information to provide context to the participant's situation
- A participant may also be transferred to another program geared towards adults should supports still be required.

Reinstating Enrolment in Program

- If a participant has graduated from programming or been dismissed from programming for any reason, there is a 90-day period where the client can be re-enrolled.
    - The program supervisor can request reinstatement in programming by connecting with the City of Red Deer
- If the participant has been dismissed or graduated for a period of more than 90 days, the client will reconnect with a Coordinated Entry team to complete an intake and assessment to determine the level of supports needed and be matched to programming through Coordinated Access.

Planning, Procedures and Records Management

- Case managers will develop an individualized service plan with each participant that outlines goals and action steps.
- Refer to the case management section in Chapter Three in this guide for standards about individual service plans.
- The program will have clear safety procedures for home visits based on the core service standards outlined in Chapter Three this document.
- Case managers will collect, maintain, and update records of available community resources for program participants. These include community resources that can reduce burdens on income, including employment opportunities, food banks, clothing consignment stores, low-income utility programs, and others.

MONITORING PERFORMANCE

Standards and Procedures to Enhance Service Excellence:

- Supervisors and team leads are required to review and monitor case files on a regular basis to ensure these are complete, accurate, and reflective of the individualized service plan and participant goals. File reviews will also assess in the frequency of home visits and the intensity of supports match the needs of the household.
- It is recommended that file reviews will be done at a minimum of three files per month per case manager.
- Team leads will also have a weekly case review process to help staff problem-solve around individualized service plans.
- The program will monitor the implementation of policies and procedures, and to assess participant satisfaction with services provided.
- The program will establish processes for participants to communicate grievances and ensure serious incident review processes are in place and appropriately reported. Mechanisms for quality assurance will be established and the program will demonstrate that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders. The program will conduct a participant feedback/satisfaction survey before a participant graduates or exits the program.

TRACKING EFFORTS - ETO RECORDS FOR YOUTH HOUSING AND SUPPORTS

Standards and Procedures to Enhance Data Quality:

- Participants are to be referred from CAP, no direct intake into the program.
- Ensure the participant's name and demographics are correct. (e.g. capitalize the participant's name properly, i.e. Jane Smith).
- Complete the intake interview.
    - The intake interview will be dated for when the participant moves into housing.
    - Information from the interview is to be entered within 15 days so long as it is recorded before month end.
        - Example 1: The participant moves in on July 1; therefore, the intake interview will be entered in ETO on or before July 15.
        - Example 2: The participant moves in on July 20; therefore, the intake interview will be entered into ETO on or before July 31.
- Complete quarterly follow-up interviews.
    - These will be completed every three months plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due.
        - Example 1: The participant moves in on July 1; therefore, the three-month follow-up interview is due in October and is to be entered October 1 – 15.
- Complete SPDAT assessments.
    - At housing
        - Assessments are to be entered within 15 days so long as they are recorded before month end.
            - Example 1: The participant moves in on July 1; therefore, the housing SPDAT will be entered in ETO on or before July 15.
    - After housing, SPDATs will be completed quarterly/every three months plus or minus 15 days so long as the SPDAT is recorded in the calendar month in which the SPDAT is due.
- Enter the individualized service plan.
    - Along with the participant's name, include the date of the service plan to differentiate it from future service plans.
        - Example: February 10, 2017 – Jane Doe Service Plan
    - Record frequency of updates, if available.
- Record efforts/case notes.
    - Date efforts for when the meeting, engagement, etc. occurred.
    - Time spent will be entered in minutes.
    - Case notes will be entered within 7 days of the meeting, engagement, etc. or ideally within three days.
- Participants who successfully complete HIMD are referred to the graduate program.
    - The graduate program start date will match the Transitional Housing for Youth program exit date recorded in the exit interview.

- For graduate participants, complete six-month and 12-month post follow-up interviews.
    - To be entered six months and 12 months following HIMD exit/graduate start plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due
        - Example 1: The participant starts in the graduate program on March 15; therefore, the six-month post exit interview will be entered September 1 – 30.
    - Clients enrolled in graduate do not count towards case manager caseload, and do not need to be dismissed from the site unless program prefers to remove following the finalization of the 12-month post-exit interview.

MEASURING OUTCOMES - KEY PERFORMANCE INDICATORS

Outputs:

1. Number of individuals or families who were referred to the program through CAP.
2. Number of individuals or families who were accepted into the program's Intake.
3. Number of individuals or families with timely, consistent and accurately recorded case notes.
4. Number of individuals or families who were housed through the program and completed an Intake Interview and Housing SPDAT.
5. Number of individuals or families who were housed and completed quarterly SPDATs.
6. Average time needed (in days) to house a client from possible program match meeting to move-in.
7. Average time needed (in days) to re-house a client.
8. Number of individuals or families who were housed or provided assistance through the program completed a service plan.
9. Number of individuals or families with completed budgeting forms.
10. Number of individuals or families with completed crisis plans.
11. Number of individuals or families with completed personal guest plans.
12. Number of individuals or families with completed risk assessments.
13. Number of individuals or families provided assistance with completing any kind of funding and income supports (e.g.: obtaining identification, setting up third-party payment, disability, pension, any rent subsidy application.)
14. Number of individuals or families received any kind of move-in support.
15. Number of individuals who were referred to community resources.
16. Number of individuals and families for whom a follow-up home visitation schedule was developed and completed.
17. Number of individuals or families who were successfully reached for quarterly follow-up interviews.
18. Number of individuals who were housed or provided assistance through the program completed quarterly follow-up interviews.
19. Number of clients who received cultural support or were referred to cultural support.

20. Number of individuals who were housed or provided assistance through the program completed an exit interview.
21. Number of individuals or families who successfully completed the program and were referred to the graduate program.
22. Number of graduate clients who completed 6-month and 12-month post follow-up interviews.
23. At any point in time the Case Manager will maintain a case load outlines in the Performance Management Guide - Red Deer's System Framework for Housing and Support.
24. No more than 15% of recently homeless clients will return to homelessness upon graduation and no more than 15% of clients at risk of homelessness will become homeless upon graduation.
25. Number of individuals or families who received financial assistance, such as damage deposits, rent supplements, utilities, moving costs, household items, or other supports as needed tracked by a completed financial request form.

Outcomes:

1. Those housed through the program will remain stably housed.
2. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
3. Those youth housed in the program will demonstrate improved resiliency and self-sufficiency including skills that allow for a healthy transition to adulthood.
4. Those youth accepted into the program will demonstrate engagement in mainstream services.
5. Those persons housed in the program will remain stably housed upon exit or exit for positive reasons.

Outcome Indicators/Measures:

1. Percentage of persons housed who remain stably housed in the program at any given reporting period. (Target 85%)
2. Number of youth housed in the program that show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
3. Percentage of youth housed in the program that have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.). (Target 85%)
4. Number of youth housed in the program that have engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).
5. Percentage of persons housed in the program that remains stably housed or exit for positive reasons. (Target 85%)

PERMANENT SUPPORTIVE HOUSING

Permanent Supportive Housing (PSH) provides long-term housing and support to individuals who are homeless and experiencing complex mental health, addiction, and physical health barriers.

This program provides an appropriate level of service for participants experiencing chronic homelessness who may need support for an indeterminate length of time (potentially permanent) while striving to move the participant to increasing independence. There are no conditions (e.g. sobriety) for participants to participate in the program. In Red Deer, the support services are linked to the housing itself since Permanent Supportive Housing is delivered in a place-based model. The delivery model incorporates support services in the operations of the housing and staff members work in the facility to provide support to participants. However, it is also important for the landlord role and the support services role to be separate and distinct.

As a place-based model, participants are housed in a location with other tenants with comparable complex and co-occurring issues. A 24-hour, 7 days/week staffing complement is provided on site. The key features of Permanent Supportive Housing include the ability of participants to live in their homes as long as they meet the basic obligations of tenancy such as paying rent; participants have access to the support services they need and want to retain housing; participants have a private and secure place to make their home, just like other members of the community with the same rights and responsibilities.

The program is expected to participate in and accept referrals from the Coordinated Access Process and to participate in efforts to improve the efficiency and quality of referrals to reduce the length of time participants stay in homelessness.

SEPARATION OF HOUSING AND SERVICES

Standards and Procedures to Enhance Service Excellence:

- Property management and case management functions are separate and distinct. Ideally, housing units and services are provided by separate entities.
- If the service provider is the same as the landlord, the tenancy and supportive services will be clearly outlined and explained to the participants.

STAFF AND PARTICIPANT ROLES AND RESPONSIBILITIES

Standards and Procedures to Enhance Service Excellence:

- The housing units will meet Canadian standards of housing, which indicate whether households live in accommodation that meets or falls short of the adequacy, affordability and suitability housing standards.
- The program will create a policy and procedure around entering units that addresses when program staff can enter a tenant's unit or space with and without consent (e.g., to provide support, in the event of an emergency); how program staff

enter a tenant's unit or space (e.g., knocking first, verbally announcing their presence); and what happens if a tenant refuses support and does not agree to program staff coming in (e.g., the tenant may not participate in support services).

- Within the first day or two of the participant's arrival, the case manager will review the building's rules and policies, including the participant's rights and responsibilities as a tenant and rights and responsibilities in the participation of case management services.
- Participation in services is voluntary, and tenants cannot be evicted for rejecting services except for case management to maintain housing.
- Where applicable, the program will establish a regular meeting with landlords on the maintenance and security of supportive housing buildings. This will include processes to keep the building clean, address repairs and maintenance concerns, and mitigate tenancy related issues that may jeopardize housing. Dealing drugs on the premises will be prohibited.

RENT AND MOVE-IN ASSISTANCE

Standards and Procedures to Enhance Service Excellence

Walk-Throughs

- Case managers will support participants to conduct move-in and move-out walk-throughs.
- Copies of lease agreements and move-in walk-through inspections will be kept in the participant file.

Leases

- Participants will have a lease in their name, thereby ensuring they have full rights of tenancy under landlord–tenant law, including control over living space and protection against eviction.
- Case managers will seek ways to resolve conflicts around lease requirements, complaints by other tenants, and timely rent payments.

Basic Needs including Furnishings

- Case managers will help participants meet basic needs at move-in, such as securing basic furnishings for an apartment, including mattresses and basic kitchen items such as pots and utensils.

Financial Support and Management

- Case managers will help participants review their budgets, including their income and spending, to help with decision-making around reducing expenses and increasing income.
- Participants are expected to contribute towards the cost of their rent.
- Ideally, PSH will be affordable with tenant paying no more than 30% of their income toward rent and utilities.

Third-Party Rent Payments

- Third-party payments will be explored. These are direct payments made by a third party on a participant's behalf. It is important to note that it is the participant who decides whether or not to permit direct payment of rent, and it is entirely voluntary.

CASE MANAGEMENT AND SERVICES

Refer to Core Standards outlined in Chapter Three of this guide for case planning and management standards.

Standards and Procedures to Enhance Service Excellence

Case Management

- Each new participant being referred to PSH will be assigned to a case manager within 24 hours of receipt of the referral from CAP and while working towards the warm transfer.

Participant Engagement

- Upon completion of a warm transfer from the Coordinated Access Process, building rapport with the new participant will be essential to create a working alliance between the worker and the household. For those participants who may be second guessing their decision to become attached to you, the program or to housing or those that may be challenged by the new realities of housing, exercising assertive engagement when motivational interviewing strategies have been exhausted may create another opportunity to re-engage with "hesitant" participants. Assertive engagement is both persistent and active, with the case manager trying new approaches and strategies until they have formed a healthy and effective working relationship that addresses the housing and support needs of the participant.
- Operating as a program team proves to be beneficial for housing-based case management programs. To ensure consistency of support provision, services will often be provided by a primary case manager, to the extent possible and a secondary backup case manager will be identified and informed about the participant's progress should their assistance be beneficial (i.e. vacation and leave coverage, etc.).

Participant Agreement – The Importance Of Informed Consent

- Case managers will review the expectations of program participation and upon agreement, all participants sign a Housing First Letter of Agreement prior to the commencement of services.

Stabilizing Participants in Housing

- Engagement with participants will ideally include both home-based as well as in common areas and office spaces. The focus is on helping participants stabilize in housing. Based upon participant needs and requests, the case management will help participants identify and access supports including family and friend networks, mainstream and community services, and employment and income.

- Case managers will provide access to a range of services to address mental health and/or substance use need. These services can be provided onsite and offsite.

Guest Management

- Given the congregate setting of Permanent Supportive Housing, it is common that staff and participants will co-design a guest policy that balances safety and tenant rights to host guests in the building. Often, program staff work with the tenants to develop a personal guest policy that also works for other tenants, when they think it is a good idea to have guests over, how many guests would be reasonable to have over at any one time, the types of activities they think are appropriate to engage in within their apartment, and what they think is appropriate should they find their actions in conflict with the guest policy.

Managing Issues and Conflicts

- Case managers will resolve issues or conflicts that may lead to tenancy problems, such as disputes with other tenants, landlords or neighbours while also helping participants develop and test the skills they will use to retain housing once they are no longer in the program.

Crisis Management

- The program will support participants in preparing for the possibility of a crisis and help them learn how to access resources if they begin to experience relapse.
- It is important for program staff to be attuned to changing events and cues in a participant's life (e.g. the state of their surroundings or their self-care) to prevent potential crises.

Community Integration

- The program will develop community networks to foster acceptance of the supported housing program and enhance safety and stability for residents and neighbours.
- Participants are encouraged to participate in community events, such as recreational activities, spiritual programs, and community educational activities

Planning, Procedures and Records Management

- Case managers will develop an individualized service plan with each participant that outlines goals and action steps.
- Refer to the case management section in Chapter Three in this guide for standards about individual service plans.
- The program will have clear safety procedures for home visits based on the core service standards outlined in Chapter Three of this document.
- Case managers will collect, maintain, and update records of available community resources for program participants. These include community resources that can reduce burdens on income, including employment opportunities, food banks, clothing consignment stores, low-income utility programs, and others.

MONITORING PERFORMANCE

Standards and Procedures to Enhance Service Excellence

- Supervisors and team leads will review and monitor case files on a regular basis to ensure these are complete, accurate, and reflective of the individualized service plan and participant goals. File reviews will also assess in the frequency of home visits and the intensity of supports match the needs of the household.
- It is recommended that file reviews will be done at a minimum of three files per month per case manager.
- Team leads will also have a weekly case review process to help staff problem-solve around individualized service plans.
- The program will monitor the implementation of policies and procedures, and to assess participant satisfaction with services provided.
- The program will establish processes for participants to communicate grievances and ensure serious incident review processes are in place and appropriately reported. Mechanisms for quality assurance will be established and the program will demonstrate that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders. The program will conduct a participant feedback/satisfaction survey before a participant graduates or exits the program.

TRACKING EFFORTS - ETO RECORDS FOR PERMANENT SUPPORTIVE HOUSING

Standards and Procedures to Enhance Data Quality:

- Participants are to be referred from CAP, no direct intake into the program.
- Ensure the participant's name and demographics are correct. (e.g. capitalize the participant's name properly, i.e. Jane Smith).
- Case managers are to assign themselves to participants using the caseload function in ETO.
- Complete the intake interview.
    - The intake interview will be dated for when the participant moves into housing.
    - Information from the interview is to be entered within 15 days so long as it is recorded before month end.
        - Example 1: The participant moves in on July 1; therefore, the intake interview will be entered in ETO on or before July 15.
- Complete SPDAT assessments.
    - At housing
        - Assessments are to be entered within 15 days so long as they are recorded before month end.
            - Example 1: The participant moves in on July 1; therefore, the housing SPDAT will be entered in ETO on or before July 15.
    - After housing, SPDATs will be completed quarterly/every three months plus or minus 15 days so long as the SPDAT is recorded in the calendar month in which the SPDAT is due.
- Complete quarterly follow-up interviews.

    - These will be completed every three months plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due.
        - Example 1: The participant moves in on July 1; therefore, the three-month follow-up interview is due in October and is to be entered October 1 – 15.
- Enter the individualized service plan.
    - Along with the participant's name, include the date of the service plan to differentiate it from future service plans.
        - Example: February 10, 2017 – Jane Doe Service Plan
    - Record frequency of updates, if available.
- Record efforts/case notes.
    - Date efforts for when the home visit, engagement, community referral etc. occurred.
    - Time spent will be entered in minutes.
    - Case notes will be entered within 7 days of the home visit, engagement, community referral etc. or ideally within three days.
- Complete the exit interview.
    - Information from the interview is to be entered within 15 days of a participant moving out or leaving the program, so long as it is recorded before month end.
        - Example 1: Participant moves out in March 15; therefore, the Exit Interview will be entered in ETO on or before March 30
        - Example 2: Participant moves in March 20; therefore, the Exit Interview will be entered into ETO on or before March 31
- While not an expectation of the program, participants who successfully complete HIMD are referred to the graduate program.
    - The graduate program start date will match the permanent supportive housing program exit date recorded in the exit interview.

- For those that exit the program, complete 6-month and 12-month post follow-up interviews.
    - To be entered 6 months and 12 months following HIMD exit/graduate start plus or minus 15 days so long as the interview is recorded in the calendar month in which the interview is due
        - Example 1: The participant starts in the graduate program on March 15; therefore, the six-month post exit interview will be entered September 1 – 30.
    - Clients enrolled in graduate do not count towards case manager caseload, and do not need to be dismissed from the site unless program prefers to remove following the finalization of the 12-month post-exit interview.

MEASURING OUTCOMES - KEY PERFORMANCE INDICATORS

Outputs

1. Case Manager caseload will depend on the program model and typology of clients served. Programs should reference their service agreement's logic model.
2. Number of individuals who were referred to the program through Coordinated Access Process (CAP).
3. Number of individuals who were accepted into the program's intake.
4. Number of individuals with timely, consistent and accurately recorded case notes.
5. Number of individuals who were housed in the Permanent Supportive Housing program and completed an Intake Interview and Housing SPDAT.
6. Number of individuals who were housed and completed quarterly SPDATs.
7. Average time needed (in days) to house a client from possible program match meeting to move-in.
8. Number of individuals who were housed and completed a service plan.
9. Number of individuals with completed budgeting forms.
10. Number of individuals with completed crisis plans.
11. Number of individuals with completed personal guest plans.
12. Number of individuals with completed risk assessments.
13. Number of individuals provided assistance with completing any kind of funding or income supports (e.g., obtaining identification, setting up third-party payment, disability, pension, any rent subsidy application.)
14. Number of individuals receiving any kind of move-in support.
15. Number of individuals who were referred to community resources.
16. Number of individuals for whom a follow-up home visitation schedule was developed and completed.
17. Number of individuals who completed quarterly follow-up interviews.
18. Number of clients who were referred to cultural supports.
19. Number of individuals who were housed and completed an exit interview.
20. At any point in time Case Manager caseload will be consistent with the guidelines.
21. At any point in time, the program will maintain 95% occupancy rate based on the units available.
22. Recidivism rate – No more than 15% of participants will return to homelessness.
23. 85% of participants leaving the program report a stable source of income.

Outcomes

1. Those persons housed in the program will remain stably housed.
2. Those persons housed in the program will show a reduction in inappropriate use of the public systems.
3. Those persons housed in the program will demonstrate improve self-sufficiency.
4. Those persons accepted into the program will demonstrate engagement in mainstream services.
5. For those persons that exit the program, they will remain housed after exit or exit for positive reasons.

Outcome Indicators/Measures

1. Percentage of persons housed who remain stably housed in the program at any given reporting period. (Target 85%)
2. Percentage of persons housed in the program that remains stably housed or exit for positive reasons. (Target 85%)
3. Number of persons housed in the program that show reduced incarcerations, reduced emergency room visits and reduced in-patient hospitalizations.
4. Percentage of persons housed in the program that have a stable income source (e.g. employment income, AISH, Alberta Works, disability pension, Old Age Security, etc.). (Target 85%)
5. Number of persons housed in the program that have engaged in mainstream services (e.g. medical doctors or specialists, legal service, etc.).

INDIGENOUS CULTURAL SHARING AND CONNECTIONS

The goal of Indigenous Cultural Support is to provide support to First Nation, Inuit, and Metis peoples experiencing homelessness who may require such support services to help them maintain housing through cultural reconnection. This includes planning, facilitating and creating opportunities for individuals and families to learn and grow in their understanding of the traditional Indigenous culture through sharing circles, ceremonies, and access to resources such as Elders. Indigenous individuals and families participating in Housing First programs in Red Deer are eligible to access these cultural supports.

This program does not directly house participants, but instead works with the Housing First programs in the community to provide Indigenous Cultural Sharing and Connection supports for those who may want it. They will collaborate with community agencies and housing programs to offer Indigenous Cultural Connections Supports to participants. This includes assisting with participant case management from an Indigenous perspective such as going out with a case manager to meet participants in their home, attending appointments or meetings with participants for the purpose of providing support, when necessary. Such support activities would benefit the participants as well as increase the integration of culturally appropriate engagement and approaches.

Culturally responsive support services foster positive participation, communication and interaction between Indigenous individuals and families experiencing homelessness, staff and the local urban Indigenous community.

KEY DEFINITIONS

'Indigenous peoples' is a collective name for the original peoples of North America and their descendants. Often, 'Aboriginal peoples' is also used[37].

Aboriginal Identity: Refers to whether a person reports being an Aboriginal person; that is, First Nations (North American Indian), Métis or Inuk (Inuit) and/or being a Registered or Treaty Indian (that is, registered under the *Indian Act* of Canada) and/or being a member of a First Nation or Indian band. Aboriginal peoples of Canada are defined in the *Constitution Act, 1982*, section 35 (2) as including the Indian, Inuit and Métis peoples of Canada (Statistics Canada, 2011).

Indigenous homelessness: 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[38]. These include individuals, families and communities isolated from their

[37] Government of Canada. (2016). Indigenous peoples and communities. Retrieved from https://www.aadnc-aandc.gc.ca/eng/1100100013785/1304467449155

[38] Thistle, J. (2017.) Indigenous Definition of Homelessness in Canada. Toronto: Canadian Observatory on Homelessness Press.

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[39].

Cultural Awareness: An acknowledgement of cultural differences[40].

Cultural Sensitivity: Understanding the consequences of European contact and the intergenerational impact of this contact on emotional, physical, mental and spiritual wellbeing.

Cultural Safety: Focuses on a service provider's ability to recognize their own cultural bias and assist a client in a manner that promotes individual wellbeing and does not compromise culture.

Cultural Competence: Knowing your limitations, local resources and when to draw on the cultural knowledge within the Indigenous community. This also involves clearly defined policies, programs and interventions that fit the cultural context of the individual, family or community and knowing when and how to refer to these.

Standards and Procedures to Enhance Impacts:

A key to the success of the Indigenous Cultural Sharing and Connections program lies in services that include cultural awareness and sensitivity, respect for diversity, and a spirit of flexibility in the service provider's approach to meeting Indigenous participants' needs. Improved cultural connections support housing stability for participants.

- The program will be a model of flexibility and be participant-centred, focusing on the journey of the individual, with services based on principles of anti-oppressive practice and trauma informed care, including do no harm. They will also be representative of the many and diverse teachings that exist in recognition of the reality that Indigenous peoples are a diverse population of distinct peoples with unique heritages, languages, cultural practices and spiritual beliefs.
- The program will create mechanisms, guidelines and protocols to ensure culturally safe access to and participation in cultural services that Indigenous individuals and families experiencing homelessness consider appropriate.
- All staff will be trained in Indigenous cultural awareness and competency.
- Procedures and protocols will be established that guide and promote the inclusion of Indigenous Elders/Knowledge Keepers as participants in cultural ceremonies.
- Program staff will support the development of cultural service plans for all participants referred to this program.

[39] Aboriginal Standing Committee on Housing and Homelessness (ASCHH). (2012). Plan to End Aboriginal Homelessness in Calgary. Calgary, Alberta: University of Calgary

[40] Government of Australia. (2012). Cultural awareness. Retrieved from http://det.wa.edu.au/aboriginaleducation/detcms/navigation/teaching-and-learning/aieo-guidelines/aieo- program-teachers/cultural-awareness/#toc1

- Through this program, participants will be able to access other supports such as cultural leaders, pipe carriers, traditional foods and languages as well as access to traditional medicines outside of those offered by staff.
- Plan, facilitate and create opportunities for cultural learning through group sharing circles and other group learning sessions. These sessions will include a wide range of cultural activities that support cultural reconnection, identity, a sense of belonging, community connections, decreasing isolation, Elder/Knowledge Keeper support, ceremonies, and healing and intergenerational trauma and its effects.
- Provide access to culturally appropriate ceremonies each month.
- The program will offer learning circles that support tenancy-related and community connections to help Indigenous participants maintain their stable housing and reconnect with community and culture.
- The program will also link participants to both Indigenous and non-Indigenous life skills training, as required; for example, training on skills that will help with integration into urban non-Indigenous and Indigenous societies through a culturally appropriate approach.
- Provide Indigenous Cultural Awareness sessions and cultural sensitivity training regularly and invite Housing First programs and community agencies to attend.

MONITORING PERFORMANCE

Standards and Procedures to Enhance Service Excellence:

- The program will track the type of Indigenous cultural support provided and number of times accessed.
- Supervisors and team leads are required to review and monitor case notes and cultural connections surveys on a regular basis to ensure these are complete, accurate, and reflective of the participant needs.
- Reviews will be done at a minimum of one file per month per staff.
- The program will monthly assess the quality and effectiveness of the program to assure that staff are implementing policies and procedures, and to assess participant satisfaction.
- The program will establish processes for participants to communicate grievances and ensure serious incidents review processes are in place and appropriately reported. Mechanisms for quality assurance will be established and the program will demonstrate that feedback, complaints and appeals processes lead to improvements within the service and that outcomes are communicated to relevant stakeholders. The program will conduct a participant feedback/satisfaction survey before a participant leaves the program.
- The program will also need to create a process to obtain the views of local Indigenous people on an ongoing and regular basis about the program outcomes.

TRACKING EFFORTS - ETO DATA FOR CULTURAL SHARING AND CONNECTION SUPPORTS

Standards and Procedures to Enhance Data Quality:

- Ensure all participants are recorded in the system utilized for reporting (designated HMIS or manual data collection tool.) Information should correspond with the client file retained by the program.
- Ensure the participant's name and demographics are correct.
    - Example: Capitalize the participant's name properly, i.e. Jane Smith.
- The program start date is the date the participant began the program.
- Complete the cultural connections survey.
    - Will be entered within the month the participant began the program
        - Example 1: The participant began the program on July 1; therefore, the cultural connections survey will be entered on or before July 31.
- Record efforts/case notes in the client file and transcribe any necessary information in the reporting tool.
    - Date efforts for when that meeting, engagement, etc. occurred.
    - Time spent will be entered in minutes.
    - Case notes will be entered within the month of the meeting, engagement, etc.

MEASURING OUTCOMES - KEY PERFORMANCE INDICATORS

Outputs:

1. Number of individuals who access cultural support services.
2. Type of Indigenous cultural supports provided.
3. Number of Indigenous Awareness sessions provided to Housing First program staff.

Outcomes:

1. Improved cultural connections leading to housing stability.
2. Improved knowledge and understanding of Aboriginal culture for Housing First program staff to increase their skills and capacity to work with participants.

Outcome Indicators/Measures:

1. Number of individuals who reported Indigenous cultural connections as a key component of their housing stability.
    a. Those who participate in Indigenous Cultural Connections will report an increased involvement and understanding of Indigenous identity including cultural safety and cultural programming; cultural role modeling/mentoring; and historical knowledge.
    b. Those who participate in Indigenous Cultural Connections will report improved social inclusion such as sense of belonging and feeling supported as well as personal advocacy and a sense of empowerment.
    c. Those who participate in Indigenous Cultural Connections will report and increased involvement and understanding of Indigenous families and traditional parent practices.

    d. Those who participate in Indigenous Cultural Connections will report an increased involvement and understanding of colonization and healing.
    e. Those who participate in Indigenous Cultural Connections will report an increased involvement and understanding of spirituality and ceremony.
2. Participants report improved service delivery as a result of the knowledge about Indigenous culture gained by Housing First program staff.

Chapter Five: Quality Assurance and Improvement

Quality of service is assured when service providers and programs adhere to established service standards, with a service standard being understood as "a public commitment to a measurable level of performance that participants can expect under normal circumstances".[41] As described in the Introduction of this Performance Management Guide, Quality Assurance allows us to examine every step of the service delivery process, how we collaborate with other agencies and systems, how activities and interventions serve the program participants and improve their housing stability and wellness.

Quality Assurance activities focus on the service providers and programs' alignment to - and compliance with - established standards, guiding principles and contractual obligations. It covers areas such as case management practices, staffing and balanced caseloads, policies that enhance participant and community safety, as well as the management of grievances and the reporting of and debriefing for serious incidents.

Quality improvement means continuous improvement in the quality of service[42], through the measurement of the system's effectiveness and efficiency, the relevancy of its interventions and programs and the extent to which these are aligned with the Housing First philosophy and add value to the system's overall operations in the interests of positive housing stability and wellness outcomes for the people served. This chapter provides additional standards and guidelines dedicated to enhancing quality assurance and continuous improvement efforts in programs and services in the City of Red Deer.

BUILDING CAPACITY FOR SERVICE QUALITY

STAFF & PARTICIPANT SAFETY

Creating an environment that is safe for participants and staff is paramount to Red Deer's System Framework. Each service provider will develop a plan to train staff in safety policies and procedures that may be relevant for each agency in which the housing program operates.

Standards and Procedures to Enhance Service Excellence

- Procedures for staff to report, document, and investigate threats to personal safety and security.

[41] Government of Canada. (2016). Guideline on Service Standards. Retrieved from https://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=25750&section=html

[42] Renger, R. (2016). Illustrating the evaluation of system feedback mechanisms using system evaluation theory (SET). *Evaluation Journal of Australasia*, *16*(4), 14.

- Procedures that identify roles and responsibilities related to handling potential abuse allegations as these relate to participants and staff (abuse can include physical, sexual, emotional, financial abuse, neglect).
- Security response plan beyond relying on local law enforcement agencies.
- How to manage meetings in a participant's home in the presence of unknown others is outlined in the policy and procedure manual for each program.
- The program will have a work alone policy.

STAFF QUALIFICATIONS

Staff with the appropriate qualifications, experience, and skills for working with vulnerable individuals will be able to provide a safe, respectful, positive and supportive environment for participants and, as a result, help ensure that homelessness reduction goals within the System Framework are met.

Standards and Procedures to Enhance Service Excellence:

- Service providers operating within the System Framework will hire and retain staff who have a diploma or bachelor's degree in a human services or social sciences discipline and/or equivalent and relevant experience working with vulnerable populations as the minimum mandatory requirement for working with programs and services in the system.
- Job descriptions created by service and program providers for each staff position will clearly outline the job duties, expectations, roles, responsibilities and reporting structure.
- Prior to the commencement of employment, service providers will require completion of a Police Information Check and an Intervention Record Check (previously CWIS).
- Service providers will ensure a sufficient number of qualified staff with appropriate caseloads, where applicable, are available to deliver quality services to participants as outlined in the logic models included in their contracts to prevent any disruption of services to participants.
- Staffing models will not be adjusted without discussions with and approval from The City of Red Deer in advance of the changes. This means that if for any reason a service provider chooses to function with a staffing model that is different from what is in their contract's logic model, they will inform The City of Red Deer and provide the reasons why and how they will ensure continued quality service for participants.
- When a staff person leaves or is hired, this information will be shared with The City of Red Deer within two business days. This is to ensure the protection of the privacy of participants in terms of access to ETO data. It also provides information about program capacity and about the ability of the program to support existing participants in the system.

PARTICIPANT CENTRED SUPERVISION

Effective supervision requires knowledge of the principles of supervision and the ability to demonstrate necessary skills such as addressing both the strengths and challenges of staff, modelling and discussing ethical practice, and providing support and encouragement in the learning context[43]. Supervisors will be familiar with the administrative and organizational structure of their agency and the specific requirements of each program[44].

Standards and Procedures to Enhance Service Excellence:

Participant Rights

- The supervisor will ensure that participant rights are protected in a manner that is consistent with specific program standards, relevant laws and regulation within their organization.

Confidentiality and Privacy

- The supervisor will ensure that staff comply with current laws and regulations, such as FOIP and PIPA, which are designed to protect the confidentiality and privacy of participants and other relevant third parties such as landlords.

Informed Consent

- The supervisor will ensure that staff adhere to the standards in place for obtaining participant consent to release confidential information as part of the delivery of services.

Indigenous Cultural Sharing and Connections

- Supervisors will have knowledge and understanding about the culture of the participant population served by their staff. Supervisors will be able to communicate information about diverse participant groups to staff and help them to use appropriate methodological approaches, skills, and techniques that reflect their understanding of the role of culture in housing stability.[45]

Maintaining Participant Records

- Supervisors will ensure that staff properly maintain, store and retain participant records. Reviews will occur quarterly.

[43] Angelova, B., & Zekiri, J. (2011). Measuring customer satisfaction with service quality using American Customer Satisfaction Model (ACSI Model). *International Journal of Academic Research in Business and Social Sciences*, *1*(3), 232.
[44] Austin, M. J., & Hopkins, K. (Eds.). (2004). *Supervision as collaboration in the human services: Building a learning culture*. Sage Publications.
[45] Ibid.

Documentation

- Data quality – supervisors will ensure staff properly document participant records in the electronic ETO system and/or paper files by monitoring 10% of the case files for each case manager monthly.
- Individualized Service Plans – supervisors will ensure staff have appropriate service plans for each participant. The service plan and the service provided by the case manager will reflect the needs of the participant at any point in time.

Service Delivery

- Supervisors will ensure that staff are appropriately trained and competent to deliver services in a manner that is consistent with the program and with overall ethical standards. Assigning appropriate caseloads and matching participants with the staff best able to support participants' housing stability outcomes are critical.

Training & Coaching

- Supervisors will ensure that staff receive the appropriate training in the core competencies and topics that are relevant to their roles and responsibilities.

Termination of Service

- Supervisors will ensure that staff terminate services to participants in a manner that is consistent with exit policies and procedures.

TRAINING FOR EXCELLENCE

Along with the training provided by specific programs and agencies, practitioners will also be trained in core competencies to ensure a consistent service delivery across the system.

Ideally, this training would be provided to new staff at no cost. Agencies and programs are responsible for ensuring that staff attend regularly scheduled training and for contacting the CBO to ensure that training is made available.

CORE COMPETENCIES – DETAILS ON TIMING AND FREQUENCY OF TRAINING

Housing First 101: Each service provider will ensure that new staff are oriented to the basics of Housing First within 30 days of beginning employment. This formalized training will be offered at minimum twice per year unless there are no staff in need of the training at that time. All Housing First staff will have taken this training at least once and new hires will have it within six months of being hired[46].

FOIP Training: This one to two-hour online course will occur within one week of staff being hired and can be found online at FOIP training and resources | Alberta.ca.

[46] Social Housing in Action. (2015). Standards of Practice Housing First In Lethbridge: Philosophy, guidelines, policy, and best practice associated with the Housing First implementation in Lethbridge, AB, Canada

ETO Training: This training will be received within three months of being hired by an ETO champion within the program. This training is made available to each new staff member hired into the Housing First program that utilizes the ETO database.

SPDAT Training: This will be received within three months of staff being hired and is appropriate for Coordinated Entry or Housing First program staff. All Coordinated Entry teams will have at least one staff certified in the SPDAT Train the Trainer. Trainings can be accessed through OrgCode Consulting: SPDAT Training and SPDAT Train the Trainer

Case Management: All new case managers will receive mandatory training designed to provide a common level of relevant skills and knowledge regarding case management. This training will be received within three months of being hired.

Home Visits: This training will be received within three months of staff being hired and is intended to ensure safety for staff and quality of home visits for participants.

Case Notes and Documentation: This training will be received within three months of being hired and is intended for all staff in direct contact with Housing First participants and required to document interactions.

Landlord Relations: This training will be taken within six months of being hired and will be attended by any Housing First staff directly involved in housing and follow-up supports for participants.

Harm Reduction: This training will be received within six months of being hired and is appropriate for any staff having direct contact with Housing First participants.

Critical Intervention: This training will be attended within six months of being hired and is appropriate for any staff having direct contact with Housing First participants.

Assertive Engagement: This training will be received within one year of being hired and is intended for any staff from a Housing First service provider that has direct contact with Housing First participants.

Motivational Interviewing: This will be taken within one year of being hired and is for any Housing First staff having direct contact with Housing First participants.

Local Indigenous Trainings: Trainings will be taken within one year of being hired dependent on availability in community to increase frontline staff's understanding of Indigenous peoples experiencing homelessness. Local Indigenous trainings include Red Deer Native Friendship Society's Aboriginal Awareness training offered once per month to Housing First staff, and Shining Mountains Living Community Services's Metis training tools, inclusive of the Métis Cart, a culturally appropriate tool for assessment that can be used in tandem with the SPDAT

2SLGBTQI: This training will be received within one year of being hired and will be attended by all Housing First staff that have direct contact with Housing First participants.

Trauma-Informed Care: This will be received within one year of being hired and is appropriate for all Housing First staff.

Mental Health 101: This will be received within one year of being hired and is appropriate for all Housing First staff[47].

SYSTEM FEEDBACK MECHANISMS

Consistent feedback from participants, service providers and system administrators allow for quality issues to be detected and solved before they become serious. "Feedback" may be positive or negative (including complaints) and is related to the services and/or supports provided by an agency within the system framework. Feedback may be solicited (such as information and comments collected through a satisfaction survey or a comment box) or unsolicited (such as a letter from a person or a representative of a participant about the services and supports that they have received. Feedback may be formal (like the survey or letter noted above) or informal (such as a verbal complaint expressed to a staff person)[48]

The system's feedback mechanism will focus on participant satisfaction and on service provider experiences within and between system components and the wider environment that the system operates within. For example, it will be possible to capture a person's experiences within coordinated entry and between coordinated entry and transfer to a Housing First program so that corrective actions for continuous improvement may be undertaken as required. Participant satisfaction represents an individual's perceived experiences regarding the care they receive and the extent to which services meet the person's expectations and needs[49]. Participant feedback will be obtained through exit interviews, satisfaction surveys and information obtained from grievance reporting. Storytelling will also be one of the avenues used to obtain participant feedback. The frequency of participant feedback will depend on the program type.

Mechanisms for service providers to gather and provide feedback include staff observations and focus groups, various Coordinated Access Process (CAP) meetings (regularly occurring and Executive Committee meetings), Housing Team Lead Connect and contract compliance and program monitoring.

[47] Social Housing in Action. (2015). Standards of Practice Housing First In Lethbridge: Philosophy, guidelines, policy, and best practice associated with the Housing First implementation in Lethbridge, AB, Canada.
[48] Ombudsman Western Australia. (2016). Effective handling of complaints. Retrieved from http://www.ombudsman.wa.gov.au/Agencies/Complaints_processes.htm
[49] Angelova, B., & Zekiri, J. (2011). Measuring customer satisfaction with service quality using American Customer Satisfaction Model (ACSI Model). *International Journal of Academic Research in Business and Social Sciences*, *1*(3), 232.

COMPLAINT AND CONFLICT RESOLUTION

A complaint is any expression of dissatisfaction made to an organization related to its services, or the complaints handling process itself[50]. Generally, a response or resolution is explicitly or implicitly expected.

An effective complaint handling system provides three key benefits to agencies and programs operating within the system framework:

- It resolves issues raised by a dissatisfied person in a timely and cost-effective way.
- It provides information, which can lead to improvements in service delivery.
- When complaints are handled properly, a good system can improve the reputation of a service provider and strengthen the participant's confidence in the provider's administrative and service delivery processes[51].

For service providers to effectively manage complaints and grievances, they need to establish a user-friendly system for accepting feedback; clear delegations and procedures for staff to deal with complaints and provide remedies[52]; provide a recording system to capture complaint data; and ensure there are mechanisms in place whereby data can be used to identify trends and improve service delivery in those defined areas.

PARTICIPANT COMPLAINTS & CONFLICT RESOLUTION

Standard and Procedures to Enhance Service Excellence:

For Service Providers

- Inform participants of the process they can use to address issues and have them corrected. Depending on the nature of the grievance, the provider will notify the participant of receipt of the complaint within two business days and set the resolution mechanism in place from that point.
- All complaints will be taken seriously and reviewed and investigated as appropriate, while recognizing there is not an expectation to resolve complaints that are determined not to be credible.
- The complaints and feedback process will be free of any coercion; intimidation or bias before, during and after feedback or a complaint has been received. Providers will ensure that feedback or complaints by or on behalf of a participant does not result in a reduction or elimination of service, unfair treatment or eviction from the program[53].

[50] Ibid
[51] Ibid
[52] Ibid
[53] Housing Services (2015). *Region of Waterloo CHPI Supportive Housing Program Standards.* ON: Region of Waterloo. Retrieved from http://communityservices.regionofwaterloo.ca/en/housing/resources/DOCS_ADMIN-1392121-v9-CSD-HOU-15-08_Attachment_CHPI_Supportive_Housing_Program_Standards.pdf

- Service Providers need to recognize their power and authority and what options they must mitigate the grievance (e.g. engage a neutral third party at any point in the process if the nature of the feedback or complaint is sensitive and/or poses a conflict of interest).

Standards and Procedures to Enhance Service Excellence

For Participants

It is expected that not every participant will be satisfied with the services they received.

- Generally, participants will make their complaint to the service provider involved as the first step to give the provider the opportunity to address their concerns.
- Participants will express their concern to the case manager whose caseload they are assigned to. The case manager will document in their case notes and on the participant grievance form the concern being expressed and the steps being taken to address it as well as inform their supervisor or team lead of the concern. The team lead will also document this and provide any additional suggestions for the case manager to alleviate the concern.
- If the participant is still not happy with the results, they may request to speak with the supervisor or team lead.
    - If the supervisor or team lead is not already aware of the concern, they will redirect the participant to speak with the case manager and reassure the participant that they will also sit in on that discussion.
    - If the supervisor or team lead is aware of the concern that was already brought to the case manager, they will meet with the participant and review the grievance form with them and discuss the reasons for the continued concern.
    - The supervisor or team lead may make efforts to resolve the issue, or they may choose to involve agency management. Either way, additional documentation will be made on the form regarding the steps taken and the outcome.
- If after meeting with the supervisor or team lead, the participant is still struggling with the results, they have the right to speak with the CBO (The City of Red Deer) as outlined in the Social Planning Department Procedure 3012: Corporate Appeals – Internal Review. This policy is attached to each service provider's contract.

SYSTEM ISSUE RESOLUTION

As identified through the Community Housing and Homelessness Integrated Plan, Priority 5 – Communication and Leadership, system collaboration is a critical component to ending chronic homelessness in Red Deer. Where system issues arise, collaboration between those with lived or living experience, service providers and orders of government is vital in achieving resolution and greater system improvements. Resolving system issues requires cooperation and coordination among organizations that may have different approaches and thinking, with the aim of creating mutual trust and effective relationships.

Inter-agency issues may arise for a variety of reasons including but not limited to:

- A lack of understanding about one another's operations and roles

- Reported participant concerns and feedback about another service provider
- Differing professional or organizational philosophies; and
- Breakdowns in communication

System Issues Resolution - Roles and Responsibilities

- Resolve system issues and concerns at the earliest opportunity and with the least formality appropriate to the specifics of the situation.
- Service Providers have the right to report, in good faith, incidents of concern without fear of retaliation.
- In addition to the System Issue Resolution process outlined below, each service provider will develop and maintain an internal policy and procedure to address, bring forward and escalate concerns that may arise between service providers.

The aim of the System Issue Resolution process is to:

- Provide options for resolution when inter-agency issues arise
- Change or eliminate unwanted behavior
- Clear up misunderstandings
- Improve working relationships and reinforce inter-agency collaboration; and
- Create overall system improvements

Least formal options to resolution

1. Model
2. Reflect
3. Discuss
4. Seek informal help
5. Seek formal resolution

Most formal options to resolution

Standard And Procedures to Enhance Service Excellence:

For Service Providers with concerns

- Review the resolution options above and pick the least formal option appropriate to the specifics of the situation.
- All incidents and attempts at resolve, will be documented in the event the concern later requires elevation.
- Least formal options:
    - Are suitable when the concern is either a first-time incident and/or of a less severe nature;
    - Allow you to directly address your concerns, early on, with positive intent, and with a focus on solutions. In effect, you're invite the other party to work with you better serve those experiencing homelessness;
    - Don't have to involve other resources/people, other than the parties directly involved in the situation; and

- May involve a third party or third parties, to informally help with achieving resolution.

- More formal options:
  - Are typically appropriate where the situation is more serious (this can involve a single incident, ongoing or repetitious incidents or the parties involved don't feel confident to resolve the issue informally);
  - Involve more people and resources, and are less confidential in nature
  - Involve processes outside the control of the individuals directly involved, to ensure due process for all parties; and
  - Are generally lengthier and more time-consuming, than less formal options.

- Resolution Options

I. Model:
   a. Model the kind of behaviour you want to see in the homeless serving system
   b. Give direct and reinforcing feedback to acknowledge the kind of behaviour you want to experience from others

II. Reflect:
   a. Before reaching out to another service provider, take the opportunity to reflect on the concerns and the likely factors contributing towards the problem
   b. Remind yourself that there is information you might not know that is impacting the other service provider or person. By doing this you are setting the stage for a healthy discussion, the next option for resolution

III. Discuss:
   a. Speak directly to the parties involved with the perceived concern
   b. Communicate your positive purpose in having the conversation
   c. Give the other party a chance to behave and respond to the concern professionally

IV. Seek Informal Help:
   a. Assistance from a third party (e.g. your co-worker, supervisor, manager, executive director) to either assist in determining how to handle the situation or participate with you in the process to gain resolution of the concern.
   b. For example, you could ask the third party for help to:
      i. Talk the situation over to gain perspective;
      ii. Review options for resolution and/or determine next steps;
      iii. Facilitate a respectful conversation between affected parties
      iv. Assist in developing an action plan for resolution

V. Seek Formal Resolution:
   a. If there has been serious conflict, misconduct, or if, despite efforts made the concern continues to persist, a formal resolution process can be initiated by contacting a representative through the Housing & Homelessness Supports section of the City of Red Deer.

To initiate formal resolution, the communication to the City will include:

- Written Statement of Concern:
    - Prepare and submit a statement of concern in writing including steps taken to resolve the concern
- Fact Finding:
    - Depending on the specifics of the concern, initial fact finding could range from a simple discussion with the other party to a formal, comprehensive investigation involving others
- Findings, could include but are not limited to:
    - Facts, as described by involved parties;
    - Perceptions of involved parties
    - Admissions or denials of misconduct
    - Conclusions based on balance of probabilities (concern raised is substantiated or unsubstantiated)
- Recommendations, appropriate to the findings, will identify remedies or suggested course of action(s) to resolve the matter. Recommendations could include, but are not limited to:
    - No need for further action, as the matter was cleared up through the course of fact finding;
    - A facilitated discussion between the parties to clear up misunderstanding and/or difference of perception
    - Formal mediation
    - Additional education or training as required
- Decision:
    - Findings and recommendations will be considered in deciding an appropriate response to the matter. Prior to decision, the parties to the concern may be consulted on the potential course of action.
- Statement of Concern Withdrawal:
    - A formalized concern may be withdrawn at any time. However, some circumstances like the ones listed below, may dictate that the process be continued:
        - There exists a real or perceived threat to the health or safety of participants served and/or parties involved
        - The complaint alleges serious abuse of power, and/or
        - Failure to follow through on a complaint would negatively impact service delivery or ethical standards of practice[54]

Standard And Procedures to Enhance Service Excellence:

For Service Providers receiving system concerns

- Work with the concerned party to resolve the concern at the earliest opportunity and with the least formality appropriate to the specifics of the situation.

[54] Section-807-Anti-Harassment Policy – Saskatchewan (2000). Retrieved from https://taskroom.sp.saskatchewan.ca/Pages/Public%20Service%20Commission/Service%20Pages/Section-807-Anti-Harassment-Policy.aspx

- All concerns will be taken seriously, reviewed and investigated as needed, keeping inter-agency collaboration at the forefront through resolution.
- All incidents and attempts at resolve, will be documented in the event the concern later requires elevation.
- The resolution process can be used for Service Providers receiving system concerns in addition to their own internal resolution policy and procedure.

CRITICAL INCIDENT REPORTING

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

- Death of a participant while being provided services in a funded program
- Serious illness or accidents
- A dangerous situation (i.e. threats of violence; weapons; the participant is a danger to themselves through self-mutilation; suicidal ideation or attempt, etc.)
- Disaster, such as a fire, flood, extended power failure, or extreme weather damage to the building especially in permanent supportive housing
- Any incident involving injury or trauma to a participant while being provided support services that require the attention of a registered medical practitioner, attendance by an emergency service or admission to a hospital
- Abuse (including physical, psychological, financial, neglect, sexual)
- A serious or unusual situation where the police are called regarding the actions of a participant, visitor or guest, resulting in criminal charges being laid (e.g., assault, allegations of abuse, property damage, theft, "do not trespass" order)
- Missing person reported to the police or may receive media coverage
- Complaint(s) received from the surrounding neighbours or issues related to the program's co-existence in the neighbourhood, especially with permanent supportive housing and youth transitional housing programs
- Outbreak of a communicable or infectious disease(s) that results in a disruption of service or operations (e.g. visitor restrictions, quarantine)

CRITICAL INCIDENT DEBRIEFING FOR PARTICIPANTS, PROGRAM AND AGENCY

The process of debriefing of serious or critical incidents provides the opportunity for enhancements in policies, procedures and participant engagement. Whenever possible, participants involved in the serious occurrence should be included in the debrief process, either with the team of staff that support them or with their primary worker/case manager/support professional. Leaning into the evidence and trauma informed approaches embedded within the **Critical Incident Stress Debriefing (CISD)** process[55], there is an opportunity to enhance participant-centred and staff-centred debriefs. CISD is a practice that would allow participants and staff to process and reflect on a stressful or unsafe incident they've experienced and work towards regaining some sense of control over what happens next.

[55] For additional information on CISD process, investigate the below sources: https://www.betterhelp.com/advice/stress/the-7-steps-of-critical-incident-stress-debriefing-and-how-they-support-trauma-recovery/ and https://www.verywellmind.com/what-is-critical-incident-stress-debriefing-cisd-6455854 and https://www.linkedin.com/advice/0/what-some-best-practices-critical-incident

For participants, such debriefing would occur with a trusted support professional within 24-72 hours of the critical incident. An opportunity to debrief on the incident within a safe, non-judgemental space aligns with person-centred and trauma informed care. Staff member notes critical information such as who was present during the incident, the thoughts and fears shared by the participant and their subjective perspective of what happened and why. A focus on the participant's sense of safety before, during and after the incident will be important. Identifying immediate issues surrounding safety, the opportunity to connect the participant to professional services for follow-up counselling and the exploration of ways to increase safety for participant and others moving forward will be essential. Incorporating an approach aligned with the CISD process does not need to be completed by a counsellor or therapist, any supporting professional that has a working alliance of trust and rapport with the participant can complete this. It is acknowledged that an opportunity to debrief with a trusted person after a serious occurrence provides a valuable opportunity for the participant to begin regaining control over their actions, next steps for accessing supports and making plans regarding future interactions, safety, wellness promotion strategies, etc.

Following a debrief with the participant, a program/organizational debrief is also valuable. When possible, participants should be invited to participate if they would benefit from an opportunity to connect with the staff team. When participant involvement is not possible or appropriate, the primary worker supporting the participant would provide a summary of the debrief with the participant (when available) to begin the staff debrief session. Aspects of CISD process can then be incorporated within the staff debrief. Conducting a systematic review of the serious occurrence – the facts, precipitating factors, environmental factors, people involved, resulting impacts on participant, other witnesses/involved parties and staff members. Ensuring employee assistance supports are provided for staff members that would benefit from it will be important. The serious occurrence process must focus on enhancements and revisions that could have mitigated this serious occurrence and/or reduce the potential of such an incident happening again in the future.

Revisions and enhancements to mitigate risks of reoccurrence should incorporate both internal processes, policies and participant centred approaches but also what external resources could be mobilized to mitigate risks of critical incidents. CISD debrief insights and recommendations should be communicated/shared with all relevant internal and external partners attached to the participant support network.

Standards and Procedures to Enhance Service Excellence:

- The responsibility for reporting all serious and notifiable incidents rests with the service provider and program that is providing services to the participant.
- Serious incidents involving participants and/or staff in any funded program will be documented and signed (or electronically acknowledged) by a senior agency personnel, and The City of Red Deer Safe & Healthy Communities Department will be notified within 24 hours of the incident occurring.

    - Notify the Housing Program Specialist and/or the Superintendent of Social Wellness & Integration Supports Section of Safe & Healthy Communities, City of Red Deer. If the service provider has difficulty contacting either of these City personnel, they will speak directly to the Safe & Healthy Communities Manager stating that this is a notification of a serious incident.
- When contacting City staff, the service provider will provide brief details of the incident, including the date and time, the name and program, a contact number and the service provider contact name.
- An incident report will be completed within seven days of a serious incident occurring. If program staff are in doubt as to whether a serious incident has occurred, they will seek immediate advice from their program supervisor or manager.
- Each program will develop a policy and procedure for critical incident debriefing protocols with the goal of supporting staff, participants and enhancing approaches and supports in the future.

QUALITY IMPROVEMENT MEASURES

Participant Advisory Panel

Community participation in housing and homelessness service decision-making is critical for quality improvement. Following consultation and consideration from the Lived Experience Council, a participant advisory panel will be created to provide programs and service providers with recommendations on system improvements related to issues concerning priority populations outlined in the system framework; ensure continuous improvement in services, programs, research and evaluation; and advocate on behalf of the populations they represent.

Standards and Procedures to Enhance Service Excellence:

- The panel will be comprised of people with lived experience of homelessness; Indigenous and youth populations; service providers; representatives of the CBO.
- Terms of reference will be created that outlines the mandate and purpose, membership, frequency of meetings, reporting, and decision making processes.

CONTRACT COMPLIANCE AUDIT AND MONITORING

Internal auditing is "an independent, objective assurance and consulting activity designed to add value to and improve an organization's operations. It helps an organization accomplish its objectives by bringing a systematic, disciplined approach to evaluation and helping to improve the effectiveness of risk management, control, and governance processes"[56].

Monitoring typically involves the systematic, periodic collection and analysis of data to assess performance in relation to an agreed-upon, standard set of indicators. Monitoring

[56] The Institute of Internal Auditors. (2016). Internal Auditing: Assurance, Insight, and Objectivity. Retrieved from https://na.theiia.org/about-ia/PublicDocuments/PR-Value_Prop_Bro-FNL-Lo.pdf

systems are usually designed to be ongoing rather than time-limited[57]. Monitoring provides succinct, regular feedback that can assist with accountability, quality improvement and responding to evolving trends in the environment.

Standards and Procedures to Enhance Service Excellence:

- The City Red Deer, as mandated by the Government of Alberta, will conduct an annual audit for program compliance and an annual review of all funded programs.
- Areas of review will include Housing First fidelity elements; FOIP and records management; program standards; performance measurement; financial management and risk mitigation; quality assurance and improvement; and contract compliance.

SYSTEM EVALUATION

The entire homeless-serving system, as well as individual service providers and programs, will be subject to comprehensive evaluation. This system evaluation will examine the effectiveness, efficiency and relevancy of interventions within the system, and the extent to which these interventions both align with the Housing First model and add value to improve the system's overall ability to operate effectively and achieve successful participant outcomes. The City of Red Deer will be responsible for coordinating this evaluation using outside evaluators or accessing outside resources.

Crucial system evaluation components include:

- **Fidelity indicators –** the extent to which the implementation corresponds to the Housing First program model in terms of housing choice and structure; separation of housing and services; service philosophy; service array; and program structure[58].
- **Theory of change logic model –** this is a guide that helps direct attention to measuring the outcomes that are valued by stakeholders; helps select measures that are achievable; and helps provide focus for implementation and fidelity evaluation[59].
- **Outcome measurements –** these include Housing First placement indicators; self-sufficiency indicators; and prevention indicators. For a full evaluation that tracks life changes across time and can provide information pertinent to community integration and functioning, programs will consider taking baseline measurements as well as a set of outcomes measurements showing the impacts of the Housing First program on participants[60].

Red Deer's System Framework will be evaluated using the following three key objectives as outlined in the *Housing First Toolkit* published by the Homeless Hub:

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[57] Planigale, M. (2010). Literature review: Measurement of client outcomes in homelessness services. *HomeGround Services*.
[58] Mental Health Commission of Canada. (2014). Module 4 EVALUATION OF HOUSING FIRST. http://www.housingfirsttoolkit.ca/sites/default/files/pdfs/Module4-Evaluate.pdf
[59] Infocus Consulting. (2015). Aboriginal Housing First and Readiness Pilot, Toolkit. Retrieved http://infocusconsulting.ca/wp-content/uploads/0-2015-0316-AHF-Pilot-Project-Toolkit.pdf
[60] Mental Health Commission of Canada (2014).

1. Ensure fidelity to the program model (making sure your program is adhering to Housing First principles);
2. Understand how well the implementation strategy is working, including any barriers to implementation (e.g., lack of resources or training opportunities); and
3. Determine outcomes resulting from the program. Evaluating outcomes is not about judging, but about tracking performance for continued program improvement, and making sure that the program is appropriately adapted to the local environment.[61] Different purposes may be emphasized at different stages of program development, but it is possible that these evaluation purposes may be completed simultaneously in the same evaluation process (e.g. both fidelity and outcome evaluations can occur at the same time).

[61] Ibid

Chapter Six: Performance Measurement & Reporting

"Performance measurement is a process that systematically evaluates whether your efforts are making an impact on the clients you are serving or the problem you are targeting"[62].

PERFORMANCE TARGETS OR BENCHMARKS

A "performance target or benchmark is the "goal" against which you measure actual performance. If you do not set some form of target or benchmark for each of the performance indicators, you will not have a point of reference to compare your actual results against"[63].

For the purposes of Red Deer's System Framework, performance measurement occurs at three levels: **system, program and participant**. For each performance measurement, indicators and targets have been assigned to ensure accountability and continuous improvement.

System performance targets are intended to reflect performance across multiple projects of a given type or across a range of projects and project types and subpopulations. The **program** measures reflect both **participant** outcomes and operational targets for each program. Performance measurement will include both process and outcome measures.

KEY FEATURES

Performance measurement of Red Deer's homeless-serving system, as set out in this performance management guide, is oriented toward improving client experience and outcomes towards homeless prevention and housing retention.

Comprehensive: The guide incorporates a wide range of performance dimensions that are clearly positioned within the boundaries of the homeless-serving systems.

Integrated: The guide includes the goals of *Community Housing and Homelessness Integrated Plan* and priorities contained in the System Framework that are strategically aligned or fall within the boundaries of the current funding sources.

[62] Albanese, T. (2010). Performance Measurement of Homeless Systems. *Retrieved From: https://westernmasshousingfirst.org/wp-content/uploads/2013/09/PerfMeasurementHomelessSystems_Presentation.pdf*

[63] Canadian Transportation Agency. (2014). Performance Measurement Framework. Retrieved from https://otc-cta.gc.ca/eng/publication/performance-measurement-framework

Evidence-based: The targets and measures used are based on best practice research of benchmarks for homeless-serving systems

Continuous improvement: The performance measures and "indicators will be reviewed and improved on an ongoing basis. It is only by gaining experience measuring performance that you can really refine and improve the process."[64]

SYSTEM INVESTMENT

System investment is the cost of operating the programs within the System Framework from all funding sources. This investment is measured to determine the effectiveness of the overall service delivery.

The total cost includes administrative costs, operations and service delivery, and client support expenses. If there are services provided by an outside agency that are explicitly attached to the program (as is sometimes the case in permanent supportive housing and transitional housing), those costs should also be included, even if they are outside the provider agency's budget[65].

From Red Deer's perspective, permanent supportive housing makes up the largest component of system investment. Permanent supportive housing has the greatest cost per client served on average as it includes deeply subsidized rent and intensive services. The chart below provides the distribution of investments across Red Deer homeless serving system.

FINANCIAL SUSTAINABILITY BENCHMARKING COSTS OVER TIME

Delivering efficient and cost-effective housing and supports in a financially sustainable way will continue to be a key element of performance measurement[66]. The financial sustainability focus acknowledges that prudent financial management in housing and support service delivery is not just about hitting a financial target but about how well the programs and services are positioned to deliver the best housing stability outcomes as efficiently as possible.

There must be a consistent effort in engaging other system partners, such as Alberta Health Services and Mental Health and Addictions Services, to play their part in supporting clients with complex needs beyond the scope of the homeless-serving system. By linking financial information to overall performance management processes, we can use program-level trends to analyze emerging program and system-level performance issues.

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[64] Ombudsman Western Australia. (2016). Effective handling of complaints. Retrieved from http://www.ombudsman.wa.gov.au/Agencies/Complaints_processes.htm

[65] State of Victoria, Department of Health & Human Services. (2015). High-performing health services Victorian health service performance monitoring framework 2015–16. Retrieved from https://www2.health.vic.gov.au/about/publications/policiesandguidelines/high-performing-health- services-victorian-health-services-performance-framework-2015-16

[66] Ibid

The City of Red Deer will use the three major eligible cost categories (project costs, client support costs and administration) as the budget benchmark cost. For example, if rent subsidy costs are increasing significantly in one program, further investigation can be done. Or if programs are consistently coming in under projected budgets, The City of Red Deer can look at renegotiating and making funding adjustments to allow for the use of unspent funds in other areas. Other financial indicators such as high client damage costs or high staff turnover may be a red flag for poor service quality in a program.

SAFETY AND QUALITY

Housing safety and quality is critical for the attainment of the performance measures outlined above and will continue to be a key area of focus for quality assurance and continuous improvement.

The safety and quality measures introduced here reflect higher expectations and better alignment between housing and support service quality assurance and improvement. These measures help to ensure adequate and effective systems are in place to address potential safety and quality concerns and that learnings from monitoring and reviews are implemented in a timely manner to enhance client outcomes.

Feedback with effective inclusion of those with lived experience in the community will be undertaken to ensure their voices are included in coordination efforts and decision-making to redesign and realign the services in the homeless-serving system to better meet client needs.

Housing Program-Level Performance Targets and Measurements
At any point in time, a housing retention rate of 85% and ensuring returns to homelessness from housing interventions to less than 15% are key goals for *CHHIP*.

Programs will be measured on the following:

- Length of time that clients stay in the program
- Number of clients the program can serve
- Destinations at exit (graduate or negative exits)
- Number of clients who return to homelessness
- Improved self sufficiency
- Number of clients who engage with mainstream services
- Reduction in negative reasons for clients leaving the program
- Increased or decreased turnover rate, depending on the program type.

PLANNING

To effectively measure actual performance against the set targets or benchmarks, a plan is required to collect and analyze "the necessary performance data or information. This plan must describe the methods and techniques of collection and analysis and the frequency of collection. It also needs to clarify and confirm the roles and responsibilities for each of these tasks.[67]

- Logic models are required as tools for programs to identify performance outcomes and indicators as outlined in the service agreements.
- The data used to evaluate program performance will largely be taken from the ETO database or manual data collection tools and from program managers and staff.
- Programs must use the outcome data specified herein as a major basis for improving service standards and client outcomes.
- Each program will hold regular data-driven performance reviews with staff, using standards outlined in this performance management guide as a starting point for such meetings.
- Each program will review client data such as demographics, location prior to housing, history of homelessness and acuity scores with the goal of ensuring housing stability for clients.
- Programs will track improvements that have resulted, at least in part, from use of the performance measurement standards and procedures and share with the community.
- Programs will be required to provide explanations for both poor and excellent outcomes as a standard part of the performance measurement system.
- Programs will provide training, technical assistance, and/or mentoring to managers and their staff in accessing, interpreting, and using performance information.
- Performance results from the annual contract and compliance monitoring will be reviewed with each program with appropriate steps to maintain or improve performance. The Monthly Financial Monitoring Report will be used to report the financial performance of each program.

PROGRAM LOGIC MODELS

Program logic is a systematic way of documenting the connections between the various aspects of a program's operations, and in particular the connections between effort (inputs and activities) and effect (outcomes)[68]. "Logic models may depict all or only some of the following components of your program description, depending on their intended use"[69].

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[67] Ombudsman Western Australia. (2016). Effective handling of complaints. Retrieved from http://www.ombudsman.wa.gov.au/Agencies/Complaints_processes.htm

[68] United Way of Toronto and York Region. (2016). Program Design & Development Resources May 2016. Retrieved from https://www.unitedwaytyr.com/document.doc?id=538

[69] Centers for Disease Control and Prevention. (2005). Introduction to program evaluation for public health programs: A self-study guide. *Atlanta, GA: Centers for Disease Control and Prevention*. https://www.cdc.gov/eval/guide/cdcevalmanual.pdf

Inputs
Inputs are "are the people, money, and information needed, usually from outside the program, to mount program activities effectively. It is important to include inputs in the program description because accountability for resources to funders and stakeholders is often a focus of evaluation. Just as important, the list of inputs is a reminder of the type and level of resources a program depends on. If intended outcomes are not being achieved, programs need to look to the resources/inputs list for one reason why their activities could not be implemented as intended."[70] In a Housing First program, for example, funding, program staff, and ETO database are all necessary inputs to activities.

Activities
These are "the actions mounted by the program and its staff to achieve the desired outcomes in the target groups. Activities will vary with the program."[71] Typical program activities may include, outreach, training, funding, service delivery, collaborations and partnerships, and communication.

Outputs
Outputs are "the direct products of activities, usually some sort of tangible deliverable. Outputs can be viewed as activities redefined in tangible or countable terms."[72] For example: housing program activities would be to house individuals, to identify a minimum number of clients per caseload and to ensure clients do not fall back into homelessness. The resulting outputs are recorded as the number of clients housed, the caseload of the case managers, and recidivism rate of the project.

Outcomes
The changes that result from the program's activities and outputs, often in a sequence expressed as short-term, intermediate and long-term outcomes."[73]

PERFORMANCE REPORTING AND COMMUNICATION

Performance reporting and communication involves collecting and disseminating performance information to system stakeholders. Better communication ensures greater understanding of the system performance for accountability and transparency.

At the system and program level performance reporting provides relevant and timely performance information, including comparisons of performance results to relevant service standards or targets. The City of Red Deer as the CBO and CE will produce regular performance reports for each component within the system to be shared with each program, with the Housing & Homelessness Integration Committee, and within an annual report for the community.

[70] Centers for Disease Control and Prevention. (2005). Introduction to program evaluation for public health programs: A self-study guide. *Atlanta, GA: Centers for Disease Control and Prevention*. https://www.cdc.gov/eval/guide/cdcevalmanual.pdf
[71] Ibid
[72] Ibid
[73] Ibid

Chapter Seven: Integrated Information Management System

For the purposes of Red Deer's System Framework for Housing & Supports, integration is defined as the process of combining and sharing data from multiple sources to provide context, highlight performance, and enable informed decision-making and continuous improvement.

SYSTEM APPROACH TO INFORMATION MANAGEMENT

A challenge is to integrate data from multiple systems such as health, corrections and child protection services for the purpose of generating a more complete picture of the extent of homelessness in our community. This information will assist in gauging progress in preventing and ending homelessness through the systems approach.

To provide context, system data must also include societal and policy-based issues such as poverty and affordable housing, demographic and socioeconomic trends (e.g. migration patterns, housing market, and trends in unemployment), which act as protective and risk factors for homelessness.[74] Individual factors including mental illness, addictions and health difficulties have significant bearing on the capacity of the system to meet homeless reduction outcomes. Key public systems, particularly health, corrections, and child protection, are well known to have key roles in mitigating or discharging people into homelessness.

Finally, given that the broader housing and homelessness environment is constantly changing, it is important that these are recognized, and that community and service providers continuously engage in monitoring, forecasting, and adapting to that environment to achieve priority targets.

HOMELESS-SERVING SYSTEM DATA AND SOURCES

Data gathered by Red Deer's homeless-serving system helps determine the extent of homelessness in the community and at the same time gauge the system's progress in preventing and ending homelessness. To know whether efforts to end homelessness are successful it is important to know the baseline or starting point.

SHELTER INVENTORY AND UTILIZATION PATTERN

Emergency shelter use over the course of a year is the best available indicator for understanding trends in the size and composition of Red Deer's homeless population. Shelter inventory and utilization patterns were used to identify priority populations for the

[74] Turner, A., Pakeman, K., & Albanese, T. (2016). Discerning 'Functional Zero': Considerations for Defining & Measuring an End to Homelessness in Canada

System Framework and this data will be continually monitored to ensure programs and services are addressing the key priorities outlined in the System Framework.

POINT-IN-TIME (PIT) COUNTS

These counts serve two important functions: they provide a snapshot of our overall homeless population and enable us to examine how this population changes over time. The scope of the counts includes individuals who are unsheltered, sheltered and provisionally accommodated. The unsheltered category includes people who lack housing and are not accessing emergency shelters.

PREVALENCE COUNTS

Prevalence rates are annual estimates or a count of the total number of people who either use shelters or are sleeping rough. Prevalence estimates allow us to judge the scale of homelessness in our community, "and can be used to report trends and to target services to prevent or improve the circumstances of homelessness through knowing both the locations of the homeless and their characteristics"[75].

HOMELESSNESS MANAGEMENT INFORMATION SYSTEM (HMIS)

Red Deer uses the Efforts to Outcomes (ETO) database as its "Homelessness Management Information System to collect client-level data and data on the provision of housing and services to homeless individuals and families and persons at risk of homelessness."[76]

CONTEXTUAL DATA AND SOURCES

Contextual data on the state of housing will be critical in assessing the performance of Red Deer's System Framework. It will provide a periodic assessment of the city's housing outlook and summarize important trends in the economics and demographics of housing. The socio-economic and demographic context will identify key trends and changes in Red Deer that will influence the demand for housing.

Data will highlight specific population segments that face barriers to accessing housing that is affordable and appropriate, including youth and seniors, newcomers to Canada, people who identify as Indigenous, low-income, and homeless. This data will also include demographic and socio-economic trends such as information on migration and labour market trends and incomes that impact housing demand. From the supply side, the data will include both market and non-market housing options and their impact on strategies to end homelessness.

[75] Statistics Bureau of Australia (2012). Census of Population and Housing: Estimating homelessness, 2011. http://abs.gov.au/ausstats/abs@.nsf/Latestproducts/2049.0Main%20Features22011

[76] Homeless Management Information Service. (2016). MENA Report. [Tender Documents : T34961766]." MENA Report, Albawaba (London) Ltd. Retrieved from https://www.hudexchange.info/programs/hmis/

PUBLIC SYSTEMS DATA

Public systems have significant impact on the causes of homelessness as they reflect an intricate interplay between structural factors (poverty, lack of affordable housing), systems failures (people being discharged from health facilities, corrections or child protection services into homelessness) and individual circumstances (family conflict and violence, mental health and addictions). Homelessness is usually the result of the cumulative impact of these factors. Public system data demonstrates their impact on the demand for housing services and the supports required for clients to maintain housing stability[77].

MONITORING RESEARCH AND EVALUATION

System and program evaluation information will help understand the efficiency and effectiveness of a system and its components and can help decision makers understand how the implementation process is working and can help a program to improve to meet client outcomes.

According to the *State of Homelessness in Canada 2013*: "Research can have an impact on the solutions to homelessness by providing those working to end homelessness with a deeper understanding of the problem, strong evidence for solutions and good ideas from other countries that can be replicated and adapted locally. Research has also helped us understand how and why people become homeless." [78]

As part of the System Framework, Red Deer will continue to strengthen its capacity to use research and evaluation at the program and system levels to inform strategies for preventing and ending homelessness in Red Deer.

[77] Gaetz, S., Donaldson, J., & Richter, T. (2013). Gulliver., T. (2013). *The State of Homelessness in Canada 2013*.
[78] Gaetz, S., Gulliver, T., & Richter, T. (2014). *The state of homelessness in Canada 2014*. Canadian Homelessness Research Network.