Coming Together to
END HOMELESSNESS

Hamilton's Systems Planning Framework

Hamilton

July 2019

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ACKNOWLEDGEMENT

Coming Together to End Homelessness: Hamilton's Systems Planning Framework is the result of a collective effort amongst City of Hamilton staff, community partners, Indigenous partners, people with living/lived experience of homelessness, leading experts, researchers, and funders.

Significant investments from the Federal and Ontario Provincial governments support the work to reduce and end homelessness in Hamilton. It allows our community to put bold statements and targets into practice. The recent goal by the Federal government to reduce chronic homelessness in Canada by 50% and the Provincial government's goal to end chronic homelessness by 2025 has inspired Hamilton's commitment to being bold leaders at the forefront of this work. Dr. Alina Turner (Turner Strategies) provided expertise in system planning, modelling, and led the system's planning framework writing. OrgCode consulting supported system and program reviews in Hamilton to add local context.

To all those who participated in the process with their insights, expertise, experience and passion for this work, Hamilton's systems planning framework serves as a commitment to the goal of ending homelessness.

Amanda DiFalco
Manager, Homelessness Policy and Programs

VISION

Imagine a Homeless-Serving System that quickly responds to a person's housing crisis, supporting them to return home. A system that empowers people through choice and self-determination. A system committed to restoring dignity by knowing people's names and circumstances. A system that instills confidence and trust by delivering on our mission to house people and keep them housed.

Coming Together to End Homelessness: Hamilton's Systems Planning Framework acts as our roadmap. Together, leveraging research and evidence, local data and context, we strive to develop a homeless-serving system that proactively and strategically works to end homelessness. Together, we can build a system that prevents homelessness whenever possible, or otherwise ensures it is a rare, brief and non-reoccurring experience.

As our system evolves, our knowledge and understanding about homelessness will enhance the way we respond. Future updates to this document may be required to reflect these learnings and show how our system has adapted to meet the needs of Hamiltonians.

Working together, we can end homelessness.

EXECUTIVE SUMMARY

The levels of homelessness seen today are not an inevitability, but rather a constant interplay of structural, social and individual factors contributing to the issue.

Ending homelessness requires shared accountability and signifies a shift in the way we respond. The goal of ending homelessness directs community efforts and resources to ensure that people's experience of homelessness is rare, brief and non-reoccurring. The response to homelessness is representative of a diverse network of allies who each play an essential role. Our relationships with all stakeholders, and all our work, is in service of the relentless pursuit of ensuring everyone in Hamilton has a home.

The system planning framework sets a path forward to end chronic homelessness by 2025. The framework is a revision of the way services are delivered and policies are implemented across Hamilton's homeless-serving system. While the homeless-serving system responds to immediate needs to divert people from homelessness and rapidly houses those in need of enhanced supports, partners across the broader social safety net contribute to a sustainable, seamless response that ensures prevention and appropriate housing are in place to mitigate homelessness risk and recidivism long-term.

The guiding principles and goals support all levels of government, service providers, and partnering agencies by establishing clear expectations and benchmarks to guide this important work.

Indigenous Peoples are respected partners in the work of ending homelessness. This document is rooted in the spirit and actions of reconciliation.

Equity, diversity and inclusion are interwoven into the fabric of the work of ending homelessness. It's essential that people with living/lived experience are empowered to inform services and hold the homelessness-serving system accountable for delivering on its promise of housing and supports.

Hamilton has demonstrated national leadership in implementing several components of an effective homeless-serving system. The systems planning framework sets the path forward for continuous improvement. The use of data and evidence will guide decision making. We'll innovate and test new approaches with a focus on learning and improving. Ongoing evaluation and community engagement are essential to ensuring our approach remains relevant and effective.

Putting this system planning framework into action signifies the beginning of the end of homelessness in Hamilton.

INTRODUCTION

Homelessness is a complex but solvable problem. Working from a rights-based approach to housing, **Hamilton will end chronic homelessness by 2025**.

The City of Hamilton serves an important role in the coordination and delivery of services and benefits as Service Manager and Community Entity on behalf of the Governments of Ontario and Canada respectively. Serving as the lead systems planning organization on homelessness at a local level, the City has accountability for funding allocations, performance management, strategy development and implementation, in collaboration with service providers, other governments, and those with living/lived experience of homelessness.

Within this role, the City of Hamilton is required to deliver a comprehensive strategy to address homelessness and setting out a framework for enhancing the coordination of local services to prevent and end homelessness.

To this end, this document serves two main purposes:

- To detail Hamilton's s roadmap to ending homelessness within the context of the broader social safety net; and
- To outline a Systems Planning Framework to guide the design of the City's investments in homelessness and enhance overall coordination of diverse resources locally to meet systems planning goals.

In 2004, Hamilton City Council approved *Keys to the Home*: *A Housing Strategy for Hamilton* which was the first housing strategy for the City since its amalgamation. The Strategy's 24 recommendations were implemented as of April 2007 after which Council approved *Everyone Has a Home: A Strategic Plan to Address Homelessness.* This was Hamilton's first comprehensive plan to address homelessness and created the aspiration that "everyone has a home". In 2008, Planning and Economic Development and Community Services staff collaborated to develop residential housing policies as part of the new Urban Official Plan. Those policies provide the land use planning policy framework to guide all types of housing development.

Ontario's *Long-Term Affordable Housing Strategy* focuses on transforming the way housing and homelessness services are delivered to achieve better outcomes for people. Emerging from the Long Term Affordable Housing Strategy (LTAHS), the Province developed the *Housing Services Act, 2011.* The Act, in conjunction with the Provincial Housing Policy Statement, provide the legislative framework for affordable housing and homelessness in Ontario. The Act requires that municipalities complete a 10-year housing and homelessness plan.

In October 2010, the Housing and Homelessness Planning Group was convened to provide guidance to city staff in the development of the *Housing and Homelessness Action Plan (2013-2023)*. Based on this engagement process and research undertaken, a broad-based Plan to End Homelessness was approved by the Community Advisory Board (CAB) and City Council in 2013. The 10-year plan outlines 54 strategies to ensure everyone in Hamilton has a home.

In 2014, A Community Plan to End Homelessness was endorsed by Hamilton's Housing and Homelessness Planning Group which included a series of local priorities. This was a requirement of the Homelessness Partnering Strategy (HPS) to guide federal investments locally. The Federal government also issues homelessness funding to Hamilton's local Urban Indigenous community, and through self-determination and autonomy, identify local priorities and make investment decisions.

In 2015, the Ontario government set a target to end chronic homelessness within 10 years and released *A Place to Call Home*. The Report makes the shift from emergency responses to long-term approaches to ending homelessness. In 2018, the Federal Government introduced *Reaching Home: Canada's Homelessness Strategy,* committing to reduce chronic homelessness by 50% nationally by 2028. Grounded in Housing First and a rights-based approach to housing, this outcomes-based homelessness strategy requires communities, including Hamilton, to develop systems planning frameworks and implement coordinated access to drive reductions in homelessness.

Reaching Home has defined coordination of resources as a priority:

Planning, developing partnerships and implementing solutions in support of a Housing First approach or a broader systematic approach to addressing homelessness, which includes activities to: identify, integrate and improve services on an ongoing basis; work with the relevant sectors to identify barriers to permanent housing and opportunities to address the barriers; and maximize all investments by coordinating funded activities to avoid duplication and gaps, ensuring that funding is used strategically to maximize results.[1]

As a cornerstone of Hamilton's Housing and Homelessness Action Plan, systems planning, and integration is about finding better ways of working together to serve those at risk of or experiencing homelessness in our community.

DEFINING HOMELESSNESS

To ensure Hamilton's Homeless-Serving System works to end homelessness, we must have a common understanding of homelessness. A shared definition of homelessness understood by all stakeholders ensures continuity of our approach.

What is Homelessness?

Academic research on homelessness demonstrates a complex interplay of structural factors, systems failures and individual circumstances. The Canadian Observatory on Homelessness defines homelessness as "the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. " This includes individuals or families who are unsheltered, in emergency shelter, provisionally accommodated and at risk of losing their housing. This working definition of homelessness has been endorsed by the federal government and has been adopted by municipalities across Canada.

Indigenous Homelessness as Colonial Legacy

Indigenous peoples experience homelessness, as well as other forms of social exclusion, at a higher rate than the general population. Specific policy interventions are therefore needed to account for these circumstances.

Homelessness amongst Indigenous peoples is a colonial legacy. The interconnectedness of post-colonialism, residential schools, intergenerational trauma, and ongoing systematic social and economic marginalization of Indigenous peoples shape our understanding of Indigenous homelessness in Canada.

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1   *Available online at http://www.esdc.gc.ca/eng/communities/homelessness/funding/directives.shtml*

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

Hamilton's homeless-serving system must account for systemic over-representation of Indigenous persons experiencing homelessness. Acknowledging our Indigenous partners' autonomy and self-determination, we must work together to develop connection to housing and supports that are culturally appropriate, rooted in the spirit and actions of reconciliation. Building upon strong relationships between the City of Hamilton and local Indigenous leadership, we aim to design a system that not only responds to Indigenous homelessness, but also respects, honours and promotes the strength and resiliency of Indigenous peoples.

The Truth and Reconciliation Commission of Canada provides vision for a new way forward to:

> **Promote reconciliation by engaging Canadians in dialogue that revitalizes the relationships between indigenous peoples and all Canadians in order to build vibrant, resilient and sustainable communities.**

Functional Zero and Absolute Zero

Functional Zero is a technical method that helps communities measure their progress towards ending chronic homelessness. Communities track how many people interact with the homeless-serving system: how many people enter, how many people remain, and how many leave. The goal is to have more outflow from the system than there is inflow, and that the overall length of time homeless decreases.

In order to achieve Functional Zero, chronic homelessness accounts for three or less people as measured by the By Name List and must be sustained for three consecutive months. Progress towards Functional Zero will be maintained through performance indicators.

Functional Zero Chronic Homelessness

Once functional zero is achieved, communities will work to sustain and reduce to absolute zero and expand to new populations.

Absolute Zero refers to the true end to homelessness where no one person experiences or is at risk of being homeless. The commitment to reach Absolute Zero is an aspirational goal. Hamilton will work towards Functional Zero and commit to ongoing system improvements to continue progress towards Absolute Zero.

Chronicity, Acuity and Risk of Homelessness

Homelessness is further categorized by length of time homeless as well as degree of vulnerability experienced.

Chronicity

The Federal Government defines chronic homelessness as,

"Individuals who are currently experiencing homelessness and who meet at least one of the following criteria: they have a total of at least 6 months (180 days) of homelessness over the past year or they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days)." [iv]

Acuity

Acuity speaks to the severity of a presenting issue. When expressed numerically through an acuity assessment, a high number represents more complex, co-occurring issues that are likely to impact a person's housing stability.

Risk of Homelessness

While broad categories of homelessness risk exist, Hamilton's Homeless-Serving System focuses on services and supports to individuals and families at imminent risk of homelessness; that is, at immediate risk of losing housing within the next 60 days.

CURRENT CONTEXT

There are several factors that prompted the City to engage in a comprehensive process to develop a technical framework for ending homelessness. These included recognitions of considerable changes in the environment impacting homelessness, as well as shifts in government policy at the provincial and federal levels. Particularly relevant, the Federal commitment in the Reaching Home Strategy and National Housing Strategy present important opportunities to align local approaches to broader movements on the issue.

The move towards prevention and our own efforts to develop data-driven approaches to homelessness have further enhanced our understanding of what works, and what does not. New technological shifts are in constant emergence, compounding the velocity of change on service providers, funders, and those we serve.

The diagram below presents a summary of the current changes at play that present both opportunities and risks for our collective work on homelessness.

ENVIRONMENTAL SCAN	KEY TRENDS IMPACTING HOMELESSNESS IN HAMILTON
Political	National Housing Strategy Reaching Home: Canada's Homelessness Strategy The Province of Ontario's A Place to Call Home Truth and Reconciliation Commission of Canada (TRC) Calls to Action prompting responses from mainstream institutions 5 year update to Hamilton's Housing and Homelessness Action Plan
Environmental	Impacts of rough sleeping and encampments developing in public spaces, along the escarpment and on private property; needles and environmental concerns reported. TRC Calls to Action on self-determination around treaty land rights impacts on and off reserve.
Social	Diverse homeless population: Over-representation of Indigenous persons; single adults; families; diverse ages including both youth and senior populations; Newcomers /Refugee Claimants/ Refugees; and LGBTQ2S+ persons. Community safety concerns related to substance use, including a rise in crystal methamphetamine, opioid use, and designer drugs. Vicarious trauma impacting frontline services coping with increased complexity of factors impacting homelessness, including substance use, mental health, violence and poverty. Ongoing and deepening income inequality coupled with increasingly unaffordable housing stressing household housing stability.
Technological	Employment insecurity resulting from automation, particularly of lower income, repetitive work. Enhancements in medical field expanding our understanding of brain development & healthy brains and role of prevention. Emerging technologies and tools for improved service delivery and coordination across the homeless-serving sector.

Moreover, significant learnings have been gained through the past decade of implementation. It is essential that we highlight the considerable progress we have made, and the learnings garnered along the way to further contextualize our new direction.

HOMELESSNESS IN HAMILTON TODAY

Using Census 2016 data, we estimate that approximately 16,400 people spend more than 50% of their income on rent, with incomes of less than $20,000/ year. Some, but not all, may use shelters or sleep rough: we estimate using HIFIS data that about 1,900 will have a short period of homelessness in the course of a year, while a further 820 will experience chronic homelessness.

16,400 — ● At-Risk of homelessness

1,900 — ● Short-term homelessness

820 — ● Chronic homelessness
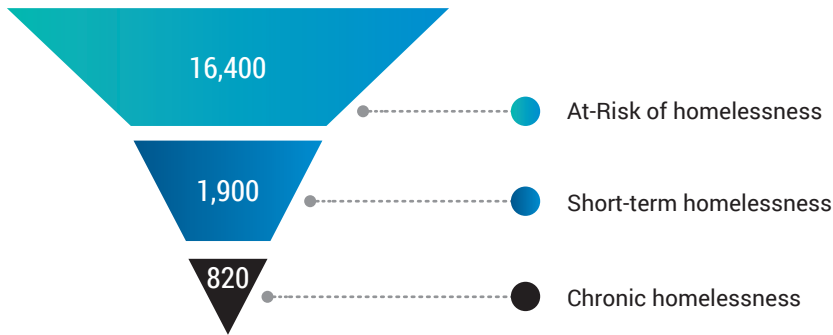
Current data in Hamilton's homeless serving system demonstrates consistent totals with an average of 2852 unique individuals accessing shelters in each year since 2015. Analysis also shows trends around decreases in inflow (unique people entering the shelters) and increases in outflow (unique people exiting the shelters) over time.

Shelter occupancy has remained consistently high through 2018-19, except for the youth system which has seen significant decreases in overall occupancy. Despite these pressures, promising trends regarding inflow and outflow of unique shelter stayers are important to highlight as Hamilton looks to ensure that homelessness is a brief and non-reoccurring experience.

Unique Shelter Stayers

Year	Value
2010	3680
2011	3304
2012	3287
2013	3120
2014	3149
2015	2808
2016	2741
2017	2956
2018	2901
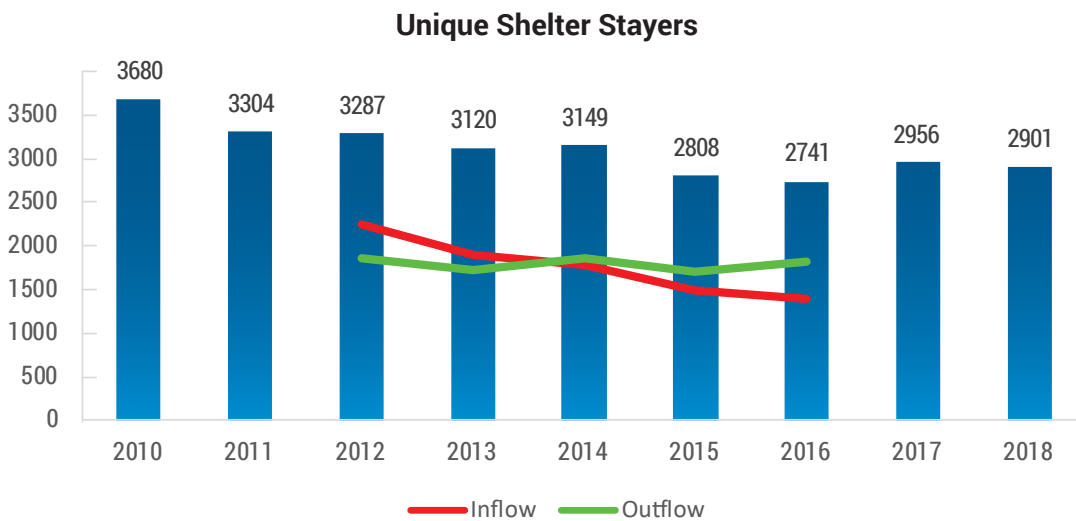
— Inflow   — Outflow

The shift in inflow/outflow in 2015 can be attributed partly to a broader system shift toward Housing First, both as a philosophy and as a practice. In 2015, four specific Housing First Programs began operating in Hamilton serving men, women, youth, and Indigenous populations. From 2015-2018, these Housing First programs collectively housed 888 individuals, while overall demonstrating effectiveness, with less than a 10% recidivism rate (people leaving the program, returning to homelessness).

Housing First, Housing Placements Per Year
Total = 888
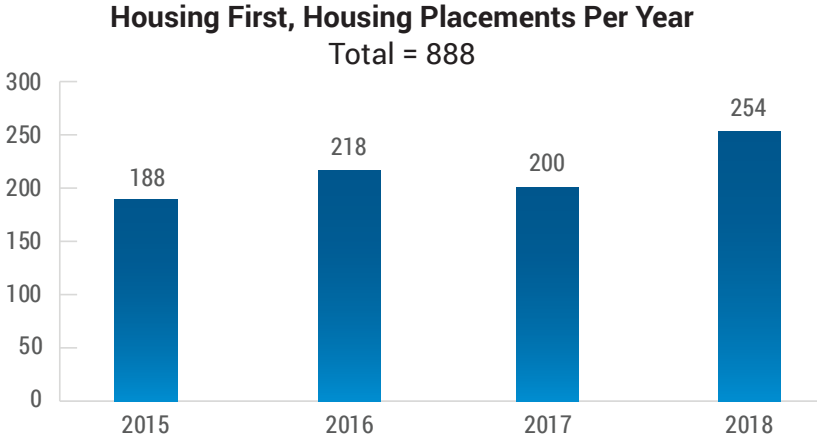
In addition to program level data, Hamilton's participation in the last nationally coordinated Point in Time (PiT) Count conducted in April 2018 also provides a contextual snapshot around specific demographics regarding people experiencing homelessness in Hamilton. As part of the of the PITC activities, an Indigenous-led and designed Point in Time Connection event was held to specifically connect with the Indigenous community. By better understanding Indigenous homelessness, our community continues to affirm Indigenous people's right to access housing and services. Data collected through both activities provide insight to both the City and Indigenous leadership in our partnership to reduce and end homelessness. Of the 386 people identified as experiencing homelessness, almost two-thirds spent the night at an emergency shelter or violence against women shelter (65%). Survey results also continued to highlight overrepresented populations experiencing homelessness including those who identified as having Aboriginal ancestry (22%).

AGE

GENDER IDENTITY
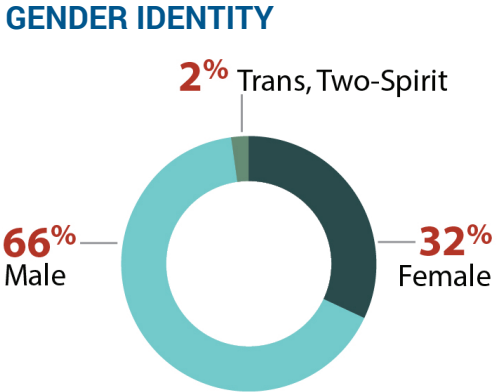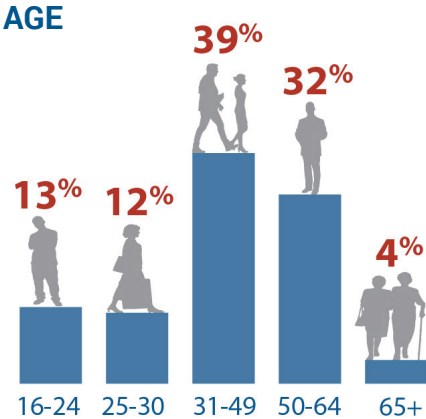
ABORIGINAL ANCESTRY

22%
reported having
Aboriginal Ancestry

BARRIERS TO HOUSING

78%
of people do not have enough money
to meet their housing needs

SEVERITY OF ISSUES

100
people surveyed reported
having severe issues and conditions
that impact their housing stability

When examining demographics of those surveyed, there is an acknowledgement that a person's experience of homelessness is impacted by intersecting aspects of their identities related to race, gender identity, and sexual orientation, which may also lead to an underrepresentation of those engaged through a PiT Count. While acknowledging strength and resiliency of unique populations, there is also an awareness of unique and differing structural and institutional barriers that each group may experience linked to systemic discrimination and oppression, which requires the use of an equity, diversity and inclusion framework to appropriately assess Hamilton's approaches to using data and evidence to inform funding, policy and programming decisions.

CITY INVESTMENTS IN HOMELESSNESS INTERVENTIONS

We know that the way we respond to this demand has to be strategic to maximize impact on the immediate crisis, without foregoing the need to integrate longer term housing solutions and prevention efforts.

Legend:
- Indigenous
- ICM
- Outreach
- Prevention
- PSH
- Rapid Rehousing
- Rent Supports
- Shelter
- Support Services
- Transitional Housing
- Systems Planning & Admin
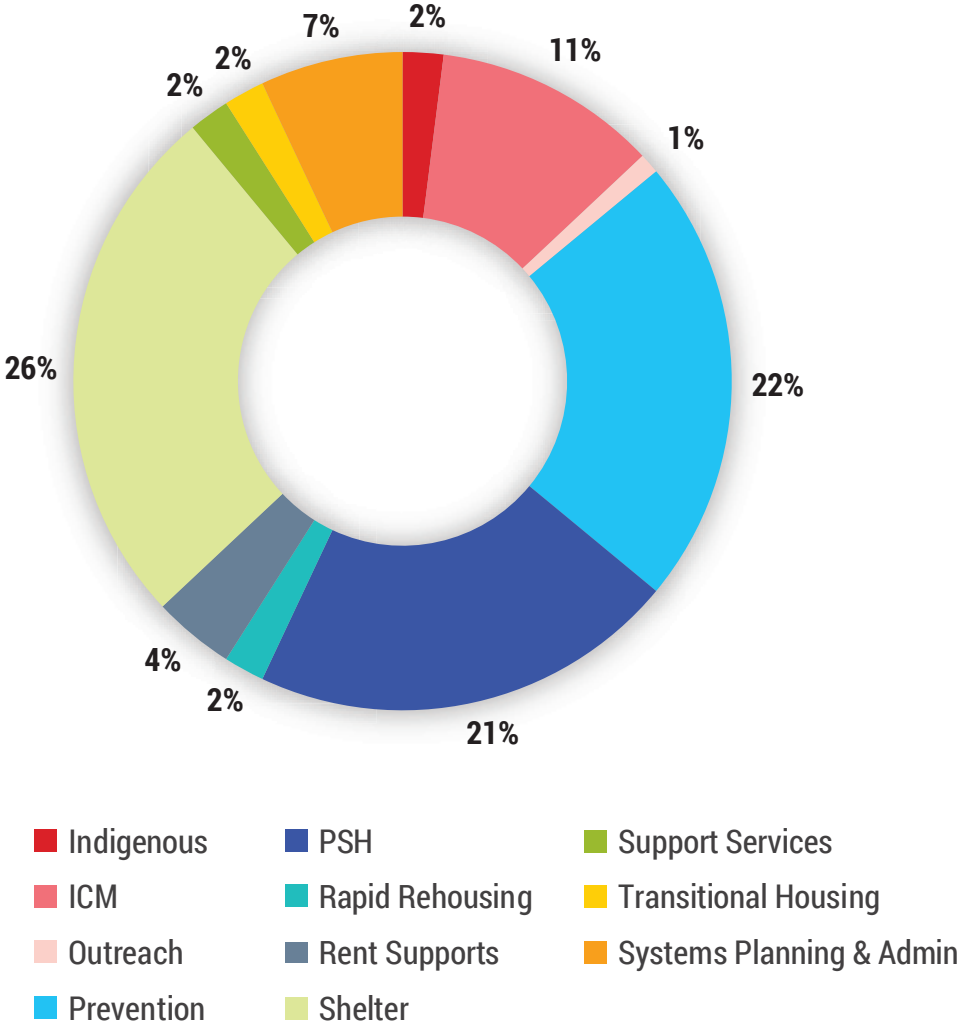
CONTEXTUALIZING THE CITY'S INVESTMENT IN THE BROADER SOCIAL SAFETY NET

As of 2019 the City of Hamilton's Housing Services Division invests $32M annually in the homeless serving system. The above analysis is suggesting that the City's investment portfolio is relatively balanced, though we do not know the overall investment in approximately 200 charities and non-profits who work on homelessness issues identified in preliminary systems mapping work. We know that in the case of Hamilton charities, there was a $4.7 billion-dollar investment in 2017 reported to the Canada Revenue Agency (CRA). A national study (Turner et al, forthcoming) was used to suggest that Hamilton's investment is doubled in alignment to Canada-wide trends, which is closer to $1 billion/year.

The $4.7B represents investments in the broader social safety net inclusive of health, education and social services. Of the $4.7B, approximately $550 million dollars is for services relevant to homelessness.

However, the investment breakdown provides an important picture of the broader ecosystem in which we need to contextualize the City's investment of $32M.

We have a critical opportunity to shift our thinking from one of scarcity and lack of resources to one of leveraging the full strengths of the existing social safety net and maximizing its impact. We do not suggest the funding is enough. We do believe in listening to people supporting the work of ending homelessness and those persons with lived/living experience of homelessness that inform us we can use our resources more effectively. Further, that we cannot change a system that we do not understand: the complexity of over 600 services dealing with homelessness are alone tough to navigate, each with their own eligibility rules and mandate. It is estimated that there are over 5,000 services that make up the entire ecosystem of social services in Hamilton. We must challenge ourselves to disrupt the complexity of the current approach by shifting our focus to human-centred approaches that place those we seek to assist at the centre of our design and delivery.

> "
> **This is not a money issue, it's a systems issue** – *Participant, Systems Planning Event (Feb 20, 2019)*
> "

Community-Led Directions

As the designated Service Manager for the province and the Community Entity for the Federal government, the City of Hamilton derives its strength from its ability to exhibit influence over national and provincial policies in the interests of our community. Hamilton also receives Indigenous specific federal homelessness funding led by the Urban Indigenous Community. Together, the dual Community Entity role that exists within Hamilton continues to strengthen the relationship between the City and the local Indigenous community in our collective efforts to end homelessness. The ability of the City to navigate multiple levels of government to acquire fundamental resources to implement the work of ending homelessness requires considerable amount of community coordination. Our community direction was strengthened in 2018 when the City joined other Canadian and American partners as part of the national Built for Zero initiative. Stemming from this, multiple community consultations and forums took place to progress us from agile action labs to the beginnings of systems planning implementation. Elements of education, onboarding, consultation and the establishment of a dedicated Community Liaisons table were all critical elements that we invested in to realize the goal of ending chronic homelessness. The systems planning framework is the result of years of coordinated community engagement coming to fruition.

To this end, the City engaged service providers and funders in government and non-profit/charity sectors to determine next steps and priorities for the systems planning framework. We leveraged Hamilton's 5-year Housing and Homelessness plan update that serves as the foundational document for this system's planning framework. We consulted our lived experience advisory groups to provide us with invaluable perspectives. We also engaged diverse groups representing Indigenous peoples, youth, women, and families. The City hosted a systems design session in February 2019 with Dr. Alina Turner (Turner Strategies) to outline the emerging vision and engage stakeholders in developing the key tenets of the systems planning framework.

Through this process, several emerging findings and priorities for the new systems planning framework emerged and influenced foundational values, and strategic action. These were designed with a deliberate focus on agile development and ongoing refinement through implementation and learning. As such, this systems planning framework serves as a living document.

FUNDAMENTAL VALUES & CONCEPTS

This section provides an overview and explanation of fundamental systems planning based on current learning and best practices. This aligns with the move towards rights-based, intersectional approaches that are grounded in strength-based and person-centred values.

VALUES IN ACTION

- *Person-centred over service-centred.* We will strive to build services, policies, and processes grounded in what individuals and families need, as opposed to what we perceive the needs and solutions to be.
- *Strengths-based over deficit-based.* We will build on what works with a lens on promoting the strengths and resilience of individuals, families, and communities rather than solely focusing on what is going wrong and what is broken.
- *Innovation over tradition.* We will prioritize being flexible, agile, adaptable, and quick-to-act rather than business-as-usual mentalities as this is essential to meeting the fast-pace of change in our community.
- *Integrated over fragmented.* We are committed to taking an integrated and coordinated approach grounded in Housing First philosophy that facilitates access and flow through, resulting in improved client and system-level outcomes.
- *Reconciliation over colonialism.* We commit to act on the TRC and step up our work in partnership with Indigenous peoples and communities respecting self-determination. Our homeless-serving system will respect Indigenous persons' right to access housing, and work actively with local Indigenous community leadership to ensure connection to culturally appropriate housing and supports resources.
- *Prevention over crisis.* Where possible, our work will continue to prioritize intervention and prevention measures, rather than waiting for issues to become crises before we intervene.
- *Sustainability over deficit.* We will work to maximize value for taxpayers and develop financially-sustainable models, rather than assuming constant growth of expenditures will resolve homelessness.

RIGHT TO HOUSING & HOUSING FIRST

The recognition of housing as a basic human right serves as the guiding philosophy grounding the City's approach to ending homelessness. The National Housing Strategy's recognition of the right to housing marks a critical turning point as it challenges previous views of housing as a privilege to be earned. The essence of Housing First is a right-based and recovery-oriented approach that operationalizes the right to housing in practice: Housing First interventions focus on quickly moving people from homelessness into housing and then providing supports necessary to maintain it. Rather than requiring homeless people to first resolve the challenges that contributed to their housing instability, including addictions or mental health issues, Housing First proposes that recovery should begin from stable housing.

There is an important distinction between Housing First as a philosophy, emphasizing a right to housing, and a Housing First program intervention model of housing and wrap-around supports based on client choice. *Reaching Home* has defined programs as having a Housing First approach when they comply with these principles:

1. **Rapid housing placement with supports:** This involves helping participants locate and secure accommodation as rapidly as possible and assisting them with moving-in.

2. **Offering participants a reasonable choice**: Participants must be given a reasonable choice in terms of housing options as well as the services they wish to access.

3. **Separating housing provision from treatment services**: Acceptance of treatment, following treatment, or compliance with services is not a requirement for housing tenure, but participants are willing to participate in monthly home visits.

4. **Providing tenancy rights and responsibilities**: Participants are required to contribute a portion of their income towards rent.

5. **Integrating housing into the community** to encourage participant recovery.

6. **Recovery-based and promoting self-sufficiency:** The focus is on capabilities of the person, based on self-determined goals, which may include employment, education and participation in the community.

While Housing First, as a philosophy and specific type of program intervention, is a critical part of efforts to end homelessness, it is the strategic application of the right to housing across the social safety net that is essential to making a sustained impact on homelessness in the long-run.

SYSTEMS PLANNING & INTEGRATION

Systems Planning is the analysis, planning and design of an integrated system and defined services that work together towards a common end; in this case to prevent, reduce and end homelessness. In this case, its referred to as the *Homeless-Serving System*.

Systems Integration is the combining of different systems to ensure they are working together as a whole towards a common end. Systems integration develop mechanisms between the homeless-serving systems and other key public systems such as health, justice, child welfare, income assistance, immigration and settlement, violence against women sector, and poverty reduction. Processes that ensure alignment across systems are integral to ensure components work together for maximum impact.

Applying this concept to homelessness, systems planning using Housing First as a guiding philosophy is a method of organizing and delivering services, housing, and programs that co-ordinates diverse resources to ensure that efforts align with homelessness-reduction goals. Rather than relying on an organization-by-organization, or program-by-program approach, systems planning aims to develop a framework and approach across services, funders, and other actors involved.

STRATEGIC ACTIONS

The following section builds on Hamilton's Housing and Homelessness Action Plan outcomes and strategies related to ending homelessness.

Person-Centred Approach

Actions

- *Advance approaches delivered with an **intersectionality** lens to meet the needs Indigenous people, youth, women, those fleeing violence, LGBTQ2S+, seniors, newcomers, and other groups.*

- *Continue to build relationships and trust with Indigenous community partners and make intentional and transformative steps in response to the **Reconciliation** Calls to Action.*

- *Continue focusing on **youth** through tailored programming following best practices including Housing First for Youth and prevention.*

- *Enhance our engagement of public systems, natural supports and informal networks to support **wellbeing** beyond immediate housing.*

Holistic, person-centred approaches delivered with attention to intersectionality, the Reconciliation Calls to Action and the diverse needs of Indigenous people, youth, women, LGBTQ2S+, seniors, newcomers, and other groups will be essential in program design and delivery. The City will work with service providers and systems partners to ensure a strengths-based and holistic approach is in place for those at risk of or experiencing homelessness.

> **Homelessness impacts women differently than men, and as an Indigenous woman, there is even more to consider… My identity was established in my community: I held a high status because of my family and was respected. As a woman, same with many other women I know, we are caregivers. It is hard to admit that caregivers need a caregiver. - *Lived Experience community member***

This recognizes the impacts of trauma on individuals, families and communities and the complex mental health, addictions, and system involvement background of many individuals at risk or experiencing homelessness. It also provides context to better understand the macro-economics of homelessness which reach beyond the individual to financial and housing systems, income inequality and ongoing colonialism effects. This aligns with call for rights-based approaches, and Housing First as making a best effort to connect people to the supports they need.

A need to look at **outcomes beyond housing** was highlighted; given people's diverse needs and strengths, a more appropriate lens to systems and service design is that of wellbeing, whereby housing is one aspect of a broader set of wellbeing dimensions. This can serve to enhance the integration of service component beyond homelessness services to wrap around individuals and families upstream and upon rehousing to ensure sustainable exits and reduce recidivism. This means we build-in a focus on prevention rather than solely focusing on those in immediate crisis.

Moving forward, systems partners and service providers will need to work with those in need to understand how they seek assistance, what assistance looks like from their viewpoint, and challenge the way programs and benefits are currently delivered and designed from a human-centred, strengths-based perspective. As a result, natural supports, informal communities, the faith sector, voluntary groups along with private, public and charity/non-profit partners will need to be coordinated as part of responses to social issues.

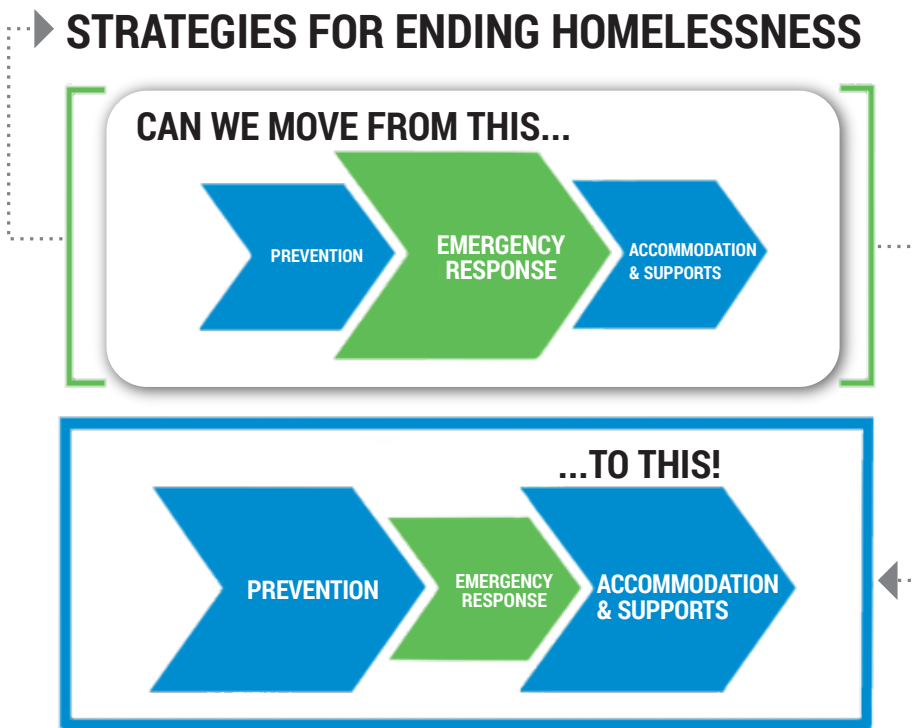## Coordinated Homelessness Interventions

Actions

- *Launch new **Key Performance Indicators** across the homeless-serving system.*

- *Support **service standards** across funded programs to ensure consistency and transparency.*

- *Continue to support municipal efforts to improve **housing affordability** and integrate these with homelessness interventions.*

We will continue to invest and enhance **effectiveness and efficiency** of diverse housing-focused homelessness interventions grounded in Housing First including Emergency Shelters, Transitional Housing, Outreach, Permanent Supportive Housing, Intensive Case Management, Rapid Rehousing, Prevention and Diversion. These programs operate as part of a broader social safety net and have key roles to play in ensuring clients have efficient connection to the services and benefits they require. Refer to the appendices for a full overview of the Key Performance Indicators (KPI) proposed to this end.

The City will continue to explore and implement strategies to improve **housing affordability** through Hamilton's 10-year Housing and Homelessness Action Plan. While we know municipalities do not have resources or mandate to challenge global economic forces impacting affordability and urbanization, we will champion affordable housing with provincial and federal government partners.

According to our financial systems modelling, the $32M the City directly invests annually in homelessness can be effectively used to 'unlock' and leverage the broader $4.7B billion social safety net in our community. It is important to contextualize that of the City's $32M, about $7M can be shifted in operations in the immediate term. Based on existing investments, we forecast to have enough resources required to end chronic homelessness by 2025, reduce short-term homelessness by 25% and support 15% of households at risk. These predictions indicate a need to purposefully engage the broader social safety net, as the homeless-serving system cannot end homelessness alone. Reducing chronic homelessness over time allows for a shift in investments from emergency response to housing supports and prevention.

▶ STRATEGIES FOR ENDING HOMELESSNESS

CAN WE MOVE FROM THIS...

PREVENTION → EMERGENCY RESPONSE → ACCOMMODATION & SUPPORTS

...TO THIS!

PREVENTION → EMERGENCY RESPONSE → ACCOMMODATION & SUPPORTS

The Homeless Hub (https://www.rondpointdelitinerance.ca/blog/solutions-prevention)

Systems Integration

Actions

- *Develop and promote **systems alignment** across the homeless-serving system through processes, quality assurance and technology.*

- *Improve **funding coordination** to leverage existing resources.*

- *Explore the expansion of **Coordinated Access** across the social safety net in a phased manner.*

- *Support efforts to **Indigenize Coordinated Access** practices led by Indigenous community partners.*

- *Develop a holistic and **strengths-based approach** to matching, to ensure people are provided with the right level of support and types of services based on their individual needs.*

- *Continue efforts in **systems mapping** and leverage systems planning and integration for maximized client impact.*

Common **systems alignment processes**, including consistent assessment, program matching, Coordinated Access, eligibility and prioritization criteria is required beyond service providers directly funded through the City's homelessness investment. This would leverage progress the City and funded programs have already realized in developing a By-Name List and Coordinated Access model that is not only a way into homelessness programs, but also a means to prevent homelessness and mitigate risk upstream through prevention across the safety net. The Indigenization of Coordinated Access will be explored with Indigenous community partners to ensure appropriate protocols are in place aligned with Reconciliation principles.

Currently, systems and service organizations have no way of triaging across the social safety net, thereby creating multiple entry points to services. The enhanced coordination of the City's homelessness services is a starting point to improve integration across the social safety net. This will require us to come together and envision from the perspective of those with living/lived experience as to how we make the social safety net accessible, fair and consistent. Coordinated Access means we rethink how we assess and refer clients across all programs providing services to people experiencing homelessness, regardless from where funding investments are coming.

Data & Systems Intelligence
Actions

- *Improve **data quality** and monitoring across funded programs using Key Performance Indicators complemented by service standards.*

- *Develop approaches to enhance the **sharing of information** across the homeless-serving system and broader social safety net.*

- *Leverage **new and emerging technologies** to support systems planning, including **Big Data**.*

The systems planning framework will provide the foundational Key Performance Indicators (KPI) to address data, performance management and quality assurance standards through **HIFIS.** A concerted effort in HIFIS rollout and the exploration of data integration mechanisms to share relevant and appropriate information for systems planning beyond homelessness services are currently underway. HIFIS implementation across the homeless-serving systems will be implemented through a phased-in approach.

Enhancing our partnerships with **researchers** and our contribution to the body of knowledge, while maintaining knowledge mobilizations efforts with policy makers, service providers, and the public will continue to be an important focus in the work of ending homelessness.

Our partnerships with leading researchers and experts will continue to support leveraging new technology platforms to discern patterns of demand and gaps using Big Data, which have never been done before in this sector. Ongoing innovation using these insights will improve long and short-term responses.

FRONTLINE SUPPORTS

Capacity building needs and resources to deliver training across Hamilton's homeless-serving system are necessary. This will be addressed through a comprehensive capacity building effort and highly qualified systems planners to support communities of practice within and beyond homelessness services. This also includes strengthening frontline skills and cultural competency across our system to serve and connect Indigenous individuals and families with resources and supports.

Frontline staff who are doing the heavy lifting across our systems require support with training to ensure safe and appropriate work conditions given the impacts of **vicarious trauma** that comes with serving complex populations, so that they in turn care for our most vulnerable.

This is particularly relevant when we consider the key role **peer support** plays in intervention approaches. To engage those with lived experience meaningfully, we will need to develop ways of supporting their participation as peer leaders and peer support workers, particularly with mindfulness of possible previous experiences of trauma.

LEADERSHIP & INNOVATION

An **agile, nimble approach** to systems design is needed to allow service providers and funders to work together and learn from experimentation without 'fear of failure' in much quicker fashion to make an impact. A culture of innovation and experimentation will be essential, leveraging human-centred design thinking and new technologies, new research and promising practices.

Innovation and disruption should be encouraged at the service and policy levels when aligned to core values and principles. Partnerships with unlikely allies and exploration of new methods, approaches and learning outside of social services will be essential.   The role of those with living and lived experience of homelessness and other social challenges can become a driving force especially considering the focus on human-centred systems design. Much more than involving people with lived experience in advisory committee roles, this proposes developing interventions and systems transformation through *systematic engagement*.

Leadership within and beyond Hamilton will be needed at all levels to champion a renewed and re-envisioned approach to homelessness and complex social issues, including community safety, that are rights-based, prevention-focused, effectively and efficiently delivered by a seamless homeless-serving system. The engagement of the Hamilton community and Indigenous partners in these efforts through strategic public education and calls to action will be critical to ensure leadership is diffused, bottom-up and top-down.

SYSTEMS PLANNING AND THE CITY'S ROLE

The City of Hamilton is the lead systems planner organization that provides oversight of system operations and strategy work. The systems planner organization coordinates the various components to act as a system in practice. To undertake this work, the system planner has necessary resources (staff, expertise, data) as well as legitimacy vis-à-vis key stakeholders to undertake this work on behalf of community.

Leading Plan Implementation

As the Designated Community Entity/Service Manager for federal and provincial housing and homelessness mandates, the City leads the implementation of the Homeless-Serving systems Planning Framework and coordinates investment in homelessness programs locally, alongside Hamilton's Indigenous Community Entity. In this role, the City can be swift in its strategic decision-making with community input as appropriate, while convening partners for collective action. This allows a coordinating body to align funding streams, identify needs quickly, adapt programming, and avoid competing interests that can erode its focus on ending homelessness.

From this standpoint, the systems planner organization is deeply immersed in the day-to-day operations of the homelessness response. Its role is not just to convene stakeholders in consultation and planning activities at set intervals, but to immerse itself in the "grind" of operations. The City will engage stakeholders to develop service standards, conduct quality assurance work, monitor contracted services, and support change management efforts in funded and non-funded service providers through technical assistance and training initiatives. Simply put, the City as systems planner gets into micro-level as close to the program participant as possible and oscillates between these minutiae and the 20-thousand-foot view of systems-level strategy. With this perspective the City also plays a role in advancing ending homelessness to government, donors, media, and the public.

To fulfill the demands of systems planning, the City cannot work in isolation. Significant community consultation and engagement is essential. Supporting Indigenous homelessness priorities is essential. This will include specific mechanisms to ensure ongoing feedback loops into planning and implementation are in place through formal and informal strategies.

SYSTEMS PLANNING FRAMEWORK

Outlined in this section is the proposed design and operations of Hamilton's Homeless-Serving System. While immediate focus will be placed on funded programs, in keeping with our Strategic Actions, the City will work with partners across Hamilton to expand this approach beyond homelessness services, funded or not. The diagram below, provides an overview of the key components within the Homeless System Planning Framework.

PUTTING IT ALL TOGETHER IN THE HOMELESS-SERVING SYSTEM
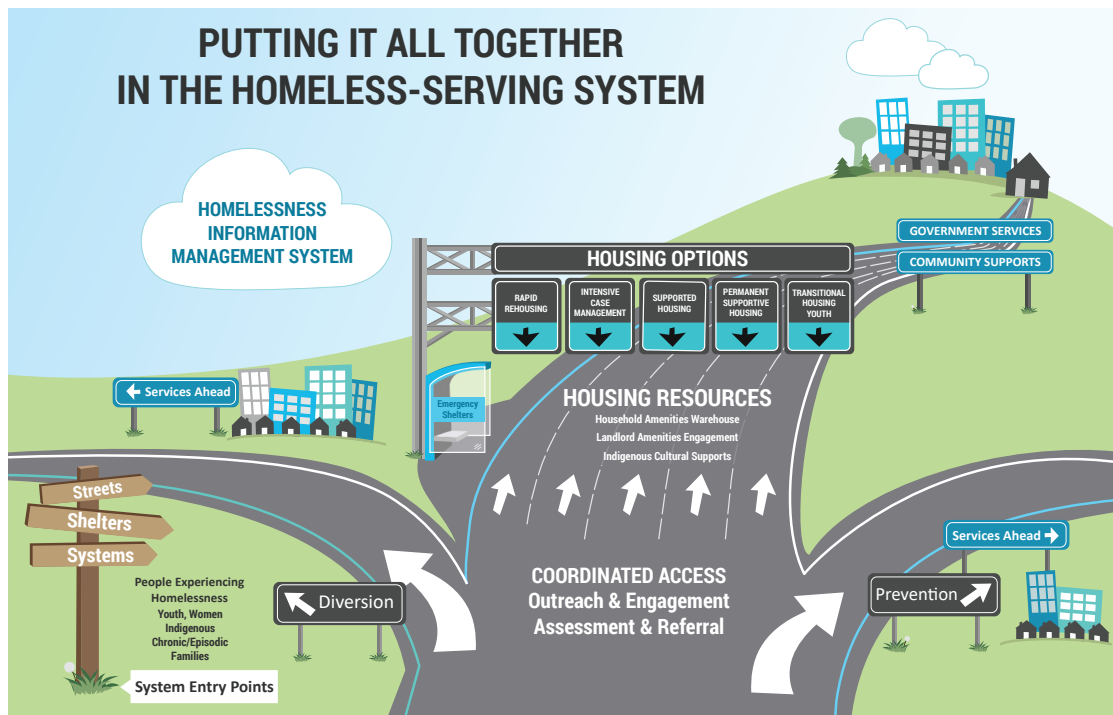
HOMELESS MANAGEMENT INFORMATION SYSTEM (HMIS)

An integrated information system is a locally administered, electronic data collection system that stores longitudinal person-level information about those accessing the homeless-serving system. The HMIS aligns data collection, reporting, coordinated intake, assessment, referrals and service coordination in the homeless-serving programs.

An integrated information system can assist communities to:

- Develop unduplicated counts of participants served at the local level;
- Analyze patterns of use of people entering and exiting the homelessness; and
- Evaluate the effectiveness of these responses.

An information system is essential to the effective implementation of systems planning. It is important for government and other funders to track progress against objectives. Rather than simply providing a means of tracking participants in a funded program, the HMIS serves as the *nerve-centre* of a homelessness response. This can capture all the points of contact between a person experiencing homelessness and the homeless-serving organizations.

> **There is a need to create more centralized information so that we can stop working in silos and better understand the work other people are doing. – *Participant, Systems Planning Event (Feb 20, 2019)***

Hamilton uses the Homeless Individuals and Families Information System (HIFIS). The implementation of a system-wide database will create more coordinated and effective services. HIFIS is the backbone of the Homelessness-Serving System. The City of Hamilton will ensure HIFIS is aligned with the direction of the systems planning framework. This includes support with providing on-the-ground training, technical assistance, and data management for homeless serving agencies. The use of common consent and intake forms connects clients to the By-Name List and Coordinated Access through HIFIS.

Coordinated Access

Coordinated Access is an important process through which people experiencing or at risk of homelessness can access the crisis response system in a streamlined way, have their strengths and needs quickly assessed, and quickly connect to appropriate, tailored housing and mainstream services within the community. Standardized assessment tools and practices used within local coordinated assessment processes consider people's unique needs. When possible, the assessment provides the ability for households to gain access to the best options to address their needs, rather

than being evaluated for a single program within the system. The most intensive interventions are prioritized for those with the highest needs. Coordinated Access:

- Improves speed, accuracy and consistency in screening, targeting and intake;
- Enhances the homeless-serving system's ability to utilize resources efficiently and without duplication;
- Supports and enhances the system and advances systems change ;
- Provides information and referrals to the right services in a timely fashion;
- Undertakes initial screening of participants for programs;
- Collects enough information to make an informed and appropriate referral; and,
- Assesses the level of needs in a consistent manner.

Several benefits were identified from implementing Coordinated Access for participants, service providers and funders.

BENEFITS OF COORDINATED ACCESS		
Participants	**Service Providers**	**Funders**
Simplify and speed up the process to locate and access housing services	Avoid inappropriate or ineligible referrals	Improve fair access and ease of access to programs
Appropriate referrals will lead to less frustration and better service	Improved speed, accuracy and consistency in screening and referral process	Confident that programs are serving the target population
Only having to explain needs and circumstances once, thus avoiding repeated stress and trauma	Save time and resources allowing staff to focus on housing and case management	Makes it easier to target resources efficiently and accurately
Be referred only to programs they are eligible for	Interagency collaboration and coordination	Supports systems planning, HMIS and enhanced dataw
	Avoid repeating work that was already done by another provider	Optimize investments and resources across the system

> **The measure of success of coordinated access is how many people actually move into housing.**
> *– Iain De Jong (OrgCode)*

There are 4 core elements to Coordinated Access: Access, Assessment, Prioritization and Referral.

- **Access**, the engagement points for persons experiencing a housing crisis, could look and function differently depending on the specific community. Persons (families, single adults, youth) accessing services in Hamilton access services through coordinated access model, meaning there are multiple entry points into the homeless-serving system. For example, people may walk into any access point facility, call a program directly or receive a referral from another organization. All services across the Homeless-Serving System uses the same intake, consent form and standardized assessment tool.

- Upon initial access, **entry** point service providers (outreach, emergency shelter, temporary housing) likely will begin assessing the person's housing needs, preferences, and vulnerability. This coordinated entry element is referred to as **Assessment**. Hamilton has endorsed the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT, OrgCode) as a system-wide common assessment tool. This triage tool indicates the kind of supports and housing required, leading to the client being referred to corresponding programs

- Every person or family that seeks support in the homeless-serving system is entered a centralized **By Name List (BNL).** The BNL collects information that helps get people experiencing homelessness connected to housing. This includes information related to eligibility, acuity scores, and preferences.

- During assessment, the person's needs and level of vulnerability may be documented for purposes of determining **Prioritization**. Prioritization helps the homeless-serving system manage its inventory of community housing resources and services, ensuring that those persons with the greatest need and vulnerability receive the supports they need to resolve their housing crisis. The BNL is used to generate automated referrals to various housing and support programs (Rapid Rehousing, Permanent Supportive Housing, Intensive Case Management, and Assertive Community Treatment). This is known as the **By Name Priority List (BNPL).**

There are 3 main aspects to Coordinated Access:

1. **Coordinated Entry:** The engagement point at which a person seeks a service to help with their housing crisis. All entry points into the homeless-serving system operate using a standardized intake and assessment tool. Individuals are then included on a By Name List.

2. **Coordinated Passage:** Preparing an individual or family for an offer of housing by completing all the tasks that make housing possible. This may include documentation, identification, income supports and benefits. Skilled navigation and administrative accountability are necessary and begins at the point of entry into the homeless-serving system.

3. **Coordinated Exit:** Once people have the documentation they need to move into housing the acquisition of housing is the next step. This part of the process is critical in ensuring that people aren't simply added to a list without movement into housing.

Well-articulated system-level policies and processes can facilitate more appropriate participant referrals and reduce frustration and duplication of services. Ultimately, ensuring participants have quick access to the right program at the right time leads to better outcomes for them and the homeless-serving system.

Coordinated Access is an evolving practice. New research, models, and processes are continually being created. Hamilton's Coordinated Access must be flexible and responsive to new information about more effective approaches. It must incorporate the changes and improvements through evaluation and consider additional guidance from public and private funders.

Intervention Types

The purposeful design and management of homelessness interventions is critical to meeting the community's objective of preventing and ending homelessness.

To ensure enhanced systems planning and coordination among funded programs serving those at risk of or experiencing homelessness, basic intervention types are outlined below. In addition, understanding how these relate to one another and as part of the whole are necessary to the efforts of ending homelessness.

The Homeless-Serving System is comprised of common intervention components in response to ending homelessness. It is important to note that each of these intervention components plays a role in the homeless-serving system. It is the relationship between these interventions, articulated at the systems-level that ultimately drives common community goals. The way these components become interpreted locally depends on local needs, resources and priorities.

A common system structure is defined by the type of activities appropriately delivered by each program type, their target population, as well as eligibility and prioritization criteria for entry into the programs accounting for participants' level of acuity and homelessness history. The length of stay and intensity of supports should also be defined, along with expected outputs and outcomes.

The following interventions will be particularly important for Hamilton's Homeless-Serving System moving forward.

1. **Homelessness Prevention and Shelter Diversion** interventions provide assistance to individuals and families at risk of becoming homeless. Prevention programs couple financial support (rent and utility arrears, damage deposit etc.) with case management to achieve housing stabilization. These programs stabilize those at imminent risk for homelessness using supports and connecting program participants to financial assistance; programs divert participants at the shelter door and connect participants to financial assistance.

2. **Outreach** provides temporary services to people who are experiencing homelessness and typically disconnected from the system. Assertive Housing Focused Street Outreach is an important part of emergency response in the homeless-serving system to support connected to housing through coordinated access.

3. **Emergency Shelters** provide temporary accommodations and essential services for individuals experiencing homelessness to become rehoused. The length of stay should be short, ideally 7-10 days. Shelters provide essential services to the homeless and can play a key role in reducing homelessness as these services often focus efforts on engaging participants in the rehousing process.

4. **Rapid Rehousing** provides targeted, time-limited financial assistance and support services for those experiencing homelessness, usually episodically or transitionally, to help them quickly exit emergency response services and retain housing. The program targets participants with lower acuity levels using case management and financial supports to assist with the cost of housing. The length of stay is usually less than one year in the program as it targets those who can live independently after receiving subsidies and support services.

5. **Intensive Case Management** (ICM) longer-term case management and housing support to higher acuity participants facing long-term homelessness (chronic homelessness), addictions, mental health. The length of the intervention is generally between 12 and 24 months. Programs can assist participants in scattered-site housing (market and non-market) through wrap-around services and the use of financial supports to subsidize rent and living costs and increase self-sufficiency.

6. **Permanent Supportive Housing** (PSH): long-term housing and support to individuals who are chronically homeless and experiencing complex mental health, addiction, and physical health barriers. PSH can be delivered in a place-based or scattered-site model to the highest acuity participants. While support services are offered and made readily available, the programs do not require participation to remain in housing; there is also no limit to the length of stay in the program. Assertive Community Treatment (ACT) programs are an example of PSH using scattered-site housing. Such programs provide longer-term case management and housing support to very high acuity homeless participants facing addictions, mental health, and/or other health conditions.

7. **Transitional Housing** provides place-based time-limited support designed to move individuals to independent living or permanent housing. The length of stay is limited and typically less than one year, though it can be as short as a few weeks. Such facilities often support those with dealing with addictions and mental health, that can benefit from more intensive supports for a length of time before moving to permanent housing. Examples of target groups for this intervention include youth who require modelling of basic life skills or people who have had lengthy histories of institutionalization. Without permanent housing at exit, participants may cycle through time-limited facilities thus, stabilization in permeant housing is essential to ensure successful outcomes.

Additional **Support Services** are involved in serving those at risk of or experiencing homelessness pre and post-interventions, including furniture banks, food services, education, employment and health supports for vulnerable populations. However, these may not be responsible for housing outcomes as a primary objective.

The primary roles of the housing-focused services noted above are to intervene with those at risk of homelessness or homeless and connect them to broader social safety net resources in health, social assistance, addictions, education, recreation, employment etc. to achieve long-term sustainable outcomes and improve wellbeing.

LIVED AND LIVING EXPERIENCE

Those with Living and Lived Experience have an important role in the implementation of the homeless-serving systems framework. Participant input should be incorporated in strategic planning at the macro-level as well as via quality assurance processes, wherever possible and appropriate.

The Lived Experience Advisory Council has outlined seven principles for leadership and inclusion of people with lived experience of homelessness which act as a resource for Hamilton's engagement plan:

- bring the perspective of our lived experience to the forefront;
- include people with lived experience at all levels of the organization;
- value our time and provide appropriate supports;
- challenge stigma;
- confront oppression and promote dignity;
- recognize our expertise and engage us in decision-making;
- work together towards our equitable representation; and,
- build authentic relationships between people with and without lived experience.

Through systematic engagement, voices of living/lived experience provide ongoing insights and feedback on implementation progress and emerging trends. This is an integral component of system performance measurement along with guidance on best strategies to communicate with the target population.

PERFORMANCE MEASUREMENT

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

> **Performance measurement is a process that systematically evaluates whether your efforts are making an impact on the participants you are serving or the problem you are targeting -** *(Albanese, 2010).*

Performance measurement:

- Articulates what the homeless-serving system and its diverse service providers are trying to achieve;
- Illustrates whether progress is being made towards preventing and reducing homelessness in a community;
- Promotes shared accountability to funders and taxpayers;
- Quantifies achievements towards the goals of systems planning;
- Uses information gathered for continuous improvement;
- Aligns program-level results to participant outcomes at the individual and system-levels; and
- Informs the next round of strategy review and investment planning.

System Level Measurements

A systems-focused performance management process can develop a clear understanding of impact on priority populations against targets, but also illustrate performance at the service level. This requires common indicators and targets at the system and program levels. Sample indicators for the City's homelessness investments focus on Key Performance Indicators including occupancy, length of stay, destinations at exit, recidivism, rehousing rates, income, self-sufficiency, acuity, interaction with public systems.[2]

In the *Housing and Homelessness Action 5-year Update consultation,* aligning with *Reaching Home* directives and measuring against our By-Name List data, Hamilton commits to:

- End Chronic Homelessness by 2025
- Reduce Homelessness by 5% overall annually
- Reduce new inflow into homelessness by 10% per year
- Less than 15% of individuals or households return to homelessness each year

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2   For a full discussion on program and system indicators and targets, please see *Performance Management Guide for Community Entities Working in a Housing First Context* - http://www.homelesshub.ca/sites/default/files/CEGuide-final.pdf

These KPIs align at the systems levels to demonstrate how a particular intervention contributes to a overall progress towards addressing homelessness. No one program can reduce homelessness on its own; an intentional systems approach is critical to ensure interventions are aligned and working towards broader community goals without unnecessary duplication or gaps.

HOMELESSNESS KEY PERFORMANCE INDICATORS

Ultimate Outcome:

The City of Hamilton will work in partnership to build and implement a responsive, sustainable and well-performing homeless-serving system informed by evidence-based research and best practice that is effectively integrated into the broader social safety net.

Goals

As a result, funded programs will:

1	Ensure 100% of chronically homeless individuals have access to appropriate housing options by 2025.
2	Provide homelessness prevention interventions to stabilize a minimum of 15% of those presenting at imminent risk.
3	Provide housing interventions to 25% of those experiencing homelessness presenting for service through Coordinated Access.
4	Reduce returns to homelessness from housing interventions to less than 15% across funded programs by 2025.
5	Enhance service quality and impact through ongoing performance management, living/lived experience and frontline engagement.

Key Performance Indicators

Note that these indicators serve as a benchmark based on best practice. To this end, ongoing research, analysis, continuous improvement, and evaluation will influence the indicators over time. The indicators will serve as targets effective April 1, 2020 and will include progression rates (incremental improvement) over time based on quality assurance funding framework.

	KPIS AT A GLANCE	EMERGENCY SHELTER	TRANSITIONAL HOUSING	OUTREACH	HOMELESSNESS PREVENTION	RAPID REHOUSING	HOUSING FIRST ICM	PERMANENT SUPPORTIVE HOUSING
SYSTEM OPTIMIZATION	Average occupancy across program spaces	95%	100%	95%	95%	100%	100%	100%
	Average length of stay	10 days	9 mo	n/a	2 mo	9 mo	18 mo	3 yrs
	% participants with appropriate length of stay in program	75%	80%	n/a	90%	95%	95%	80%
	% right-matched participants to supports/housing	75%	95%	95%	95%	95%	95%	95%
	% program spaces allocated through Coordinated Access	n/a	100%	n/a	n/a	100%	100%	100%
	% program spaces reporting into HIFIS	100%	100%	100%	100%	100%	100%	100%

KPIS AT A GLANCE	EMERGENCY SHELTER	TRANSITIONAL HOUSING	OUTREACH	HOMELESSNESS PREVENTION	RAPID REHOUSING	HOUSING FIRST ICM	PERMANENT SUPPORTIVE HOUSING
HOUSING STABILIZATION							
# people served per year	2800	160	300	9500	260	625	744
# permanent housing placements per year	200	200	200	180	180	417	222
% participants who require re-housing	n/a	n/a	n/a	10%	15%	15%	15%
% participants maintain housing at 6 mo.	n/a	n/a	n/a	90%	90%	90%	90%
% participants maintain housing at 12 mo.	n/a	n/a	n/a	n/a	80%	80%	80%
% participants supported to access permanent housing & supports	50%	95%	70%	80%	95%	95%	95%
% returns to homelessness at program exit	20%	10%	50%	10%	10%	10%	5%
% positive housing destination at program exit	80%	95%	50%	90%	90%	90%	95%
SYSTEMS PREVENTION							
% participants connected to services outside homeless-serving programs	100%	100%	100%	100%	100%	100%	100%
% people discharged into homelessness from systems at program entry	25%	25%	n/a	50%	20%	20%	20%
% new to homeless-serving programs per year	20%	10%	15%	50%	20%	10%	5%

Coming Together to End Homelessness

	KPIS AT A GLANCE	EMERGENCY SHELTER	TRANSITIONAL HOUSING	OUTREACH	HOMELESSNESS PREVENTION	RAPID REHOUSING	HOUSING FIRST ICM	PERMANENT SUPPORTIVE HOUSING
PARTICIPANT VOICE	% participants satisfied with services/housing	75%	95%	95%	95%	95%	95%	95%
	% participants engaged in own goal setting	95%	100%	70%	100%	100%	100%	100%
WELLBEING	% decrease in participant acuity score (SPDAT) at program entry vs exit	10%	65%	n/a	30%	45%	50%	65%
	% increase in self-sufficiency/ wellbeing (XX assessment or self-report) at program entry vs exit	25%	75%	15%	30%	50%	65%	75%
	% participants who improved employment/ education/training at program entry vs exit	10%	75%	10%	75%	80%	80%	80%
	% decrease in systems use (Aggregate #EMS, #ER, #PoliceInteraction, #Court Appearances, #Jail/Prison Days, #Days Hospital)	n/a	65%	n/a	20%	45%	50%	65%
	% participants achieved stable income / increased income at program entry vs exit	25%	85%	10%	65%	85%	90%	95%
EQUITY LENS	% chronic	50%	90%	50%	0%	50%	100%	98%
	% at risk of homelessness	0%	0%	0%	100%	0%	0%	10%
	% youth (18-24)	10%	25%	25%	25%	10%	10%	10%
	% Indigenous	30%	30%	30%	30%	30%	30%	30%
	% women	25%	25%	30%	30%	25%	25%	50%
	% in families	25%	5%	5%	40%	25%	5%	5%

Coming Together to End Homelessness

Appendix 1- Costs Modelling Rationale

Understanding Stock and Flow

A key principle of developing a systems planning framework is that homelessness is not static - individuals transition in and out of homelessness and access various housing programs and services throughout their journey to stable housing. System modelling must account for these dynamic changes in this population and adjust estimations of need accordingly.

The model discussed in this systems planning framework uses a stock and flow analysis to better understand how homelessness will change over time in Hamilton. A stock is a quantity at a particular point in time - in this case, we consider the number of individuals experiencing or at risk of homelessness. A flow is the movement of individuals between categories (e.g., at risk of homelessness, transitionally homeless, chronically homeless, stably housed). A stock and flow perspective is embedded in the concept of Functional Zero - we must ensure that outflows from homelessness exceed inflows to homelessness for a long enough period that the stock of individuals experiencing homelessness approaches zero.

Estimating Demand

A stock and flow analysis helps us understand why local data sources on homelessness may differ. The City of Hamilton used their By-Names-List and HIFIS data to estimate at least 825 people were experiencing chronic homelessness in the course of a year, with a further 1,925 experiencing short term homelessness.

Extreme Core Housing Need

There is significant risk of homelessness due to housing unaffordability. When examining shelter-to-income-ratios for households in the Tri-Region with total income below $20,000, we estimate using Alberta data from similar size areas (Lethbridge, Medicine Hat), that about 16,400 people live in renter households are spending 50% on housing with total income below $20,000 are spending over half of their income on housing. This impacts their risk for falling into homelessness. Using HIFIS data, the City estimated about 25% (4,100) of those at risk end up using shelters. This is an over estimation as the average number of unique individuals accessing shelters is 2852. This accounts for people who are likely experiencing homelessness and not accessing emergency shelter.

To determine Hamilton estimates, we used Census 2011 and 2015 data and Ontario Finance Population Projections to develop longer term estimates and generate a view of the current state. These numbers are our best estimates and do not necessarily capture the changing nature of homelessness in Hamilton over time and reinforce

the importance of a sector-wide Homeless Management Information System (HMIS) and ongoing, real-time systems planning and modelling efforts. Data from comparable Canadian cities was used in the model where local data was lacking (e.g. cost of implementing new program types, such as Rapid Rehousing or Prevention).

Matching Need to Program Type

Homeless serving systems use common assessment tools to triage individuals according to level of need, often referred to as acuity. This also helps to identify what type of program is likely to be a good fit. For people experiencing chronic and episodic homelessness, the model estimates what share of these individuals have high, medium and low levels of need/acuity, shown in the table below.

	High Acuity	Medium Acuity	Low Acuity
Chronic	80%	15%	5%
Episodic	40%	30%	30%
Transitional	10%	30%	60%
At Risk	5%	15%	80%

The following chart outlines how the model matches level of need to program type:

Group's Level of Need (Acuity)	Program Type	Proportion of Acuity Group served by Program Type
High acuity Chronic, episodic homelessness	Permanent Supportive Housing	90%
	Assertive Community Treatment (ACT)	70%
	Chronic Homelessness Prevention	10%
Moderate acuity Episodic homelessness; Transitional homelessness; At Risk	Permanent Supportive Housing	10%
	Rapid Rehousing	40%
	Assertive Community Treatment	30%
	Intensive Case Management	100%
	Rent Supports	30%
	Prevention	10%
	Transitional Housing	60%
Low acuity Transitional homelessness; At Risk	Rapid Rehousing	60%
	Prevention	80%
	Transitional Housing	40%
	Rent Supports	70%

These proportions account for individuals who may re-enter homelessness services multiple times or require a transition to a higher-intensity program to maintain their housing long-term.

Cost & Performance Assumptions

Using learnings from studies and reports from other Canadian jurisdictions, we can develop a costs model that helps us gain insight into system needs. As the implementation rolls out, these assumptions should be refined with local data.

Program Type	# spaces	# avg # Intakes / yr	Target Turnover	Target Negative Exit	OpEx/
Space/Yr	897	290	33%	5%	$10K
Transitional Housing	95 existing	240	300%	15%	$5K
Assertive Community Treatment	100	37	33%	5%	$15K
Intensive Case Management	400	200	50%	10%	$12K
Rapid Rehousing	350	420	150%	10%	$8K
Homelessness Prevention	1,150	1,600	200%	20%	$4K
Chronic Homelessness Prevention	500	330	100%	33%	$3.5K
Rent Supports	1,150	280	20%	10%	$3K

Model Limitations

The model uses Census 2011 and 2016 population growth rate averaged 1.4% annually to predict how the number of people experiencing homelessness will change over time. While a population growth rate reflects demography and migration, it does not reflect external factors that may uniquely impact homelessness (e.g., increases to the minimum wage or to average rents).

This rate can change because of shifts in the economy impacting lower income populations, as well as public policy at the federal and provincial levels in particular. For instance, poverty rates are related to core housing need and homelessness risk, thus poverty reduction measures can mitigate homelessness risk; alternatively, sustained economic downturn can result in new groups entering the at-risk of homelessness group, leading to increased rates.

Current rates of homelessness will remain unchanged unless proposed prevention measures are adopted, as well as additional affordable housing and rent supplements are made available, and provincial plans to address homelessness and poverty are implemented. This is an estimation that assumes that measures are put into place and are effective.

Without consistent data sharing among programs, shelter providers and outreach teams, we continue to have limited data on the number of unsheltered homeless or provisionally accommodated individuals, particularly those sleeping rough. This model makes assumptions that a significant portion of individuals who sleep outdoors do not interface with the emergency shelter system.

Our supply-side figures are limited largely due to uncertainty about the future. Predicting the number of housing units and homeless-serving program spaces over a 5-year period is challenging for a number of reasons: political priorities and funding allocations will change, the local economy will shift, and new program types will be introduced based on research, evidence and best practice. Our model identifies the "known knowns" (e.g. confirmed affordable housing developments) and makes informed assumptions about how housing units and homeless-serving program spaces will change over time.

Implementation Cost Scenario Development

Assuming these figures as indicative of unmet demand in Hamilton, various scenarios were modelled in which we served all chronic homeless individuals and varying figures from the transitionally homeless and at-risk pools. The current scenarios act as a means of addressing the immediate backlog of chronically homeless individuals, while still moving into prevention and diversion for all groups – though the current measures assume only 40-50% of those at risk would be served through these new measures.

The scenario also assumes programs will leverage already existing units in the non-market and private market.

The systems planning framework focuses on measurable impact on visible and costly forms of homelessness, with some prevention work as a means of leveraging existing resources and housing units. By no means is this approach the silver bullet to all homelessness; if implemented however, it will make a visible dent in the current backlog and enable us to move increasingly upstream into greater housing stabilization longer term.

Appendix 2 – Glossary of Terms

Term	Definition
Acuity	an assessment of the level of complexity of a person's experience. Acuity is used to determine the appropriate level, intensity, duration, and frequency of case managed supports to sustainably end a person's or family's homelessness.
Assertive Community Treatment	an integrated team-based approach designed to provide comprehensive community-based supports to help people remain stably housed. These teams may consist of physicians and other health care provides, social workers and peer support workers. ACT teams are designed for clients with the most acute needs and may provide support on an ongoing basis.
Assessment	the evaluation or estimation of the nature, quality, or ability of someone or something.
At-Risk of Homelessness	people who are not experiencing homelessness, but whose current economic and/or housing situation is precarious or does not meet public health and safety standards.
Best Practice	an intervention, method or technique that has consistently been proven effective through the most rigorous scientific research and has been replicated across several cases or examples.
Big Data	extremely large data sets that may be analyzed computationally to reveal patterns, trends, and associations, especially relating to human behavior and interactions.
By Name List	collects information that helps get people experiencing homelessness connected to housing. This includes information related to eligibility, acuity scores, and preferences.
By Name Priority List	a subset of the Coordinated Access List that identifies those with the highest priority for matching to an available housing resource.
Case Management	a process of service coordination and delivery on behalf of Clients which includes assessment of the full range of services needed by the Clients, implementation, provision of support, coordination and monitoring of services, and termination with appropriate referrals when the organization's direct service is no longer needed (Calgary Homeless Foundation, 2014).
Capacity	refers to the ability of people, organizations and society to manage their affairs successfully.
Chronic Homelessness	refers to individuals who are currently experiencing homelessness AND who meet at least one of the following criteria: • they have a total of at least 6 months (180 days) of homelessness over the past year • they have recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546) days.
Coordinated Access	is a client-centered, standardized process for intake, assessment, and referral to housing and other services across service providers in Hamilton. These service providers are part of Hamilton's Homelessness Serving System is a group of agencies that work together to support those experiencing or approaching homelessness to help them find and maintain appropriate housing and supports.

Coming Together to End Homelessness

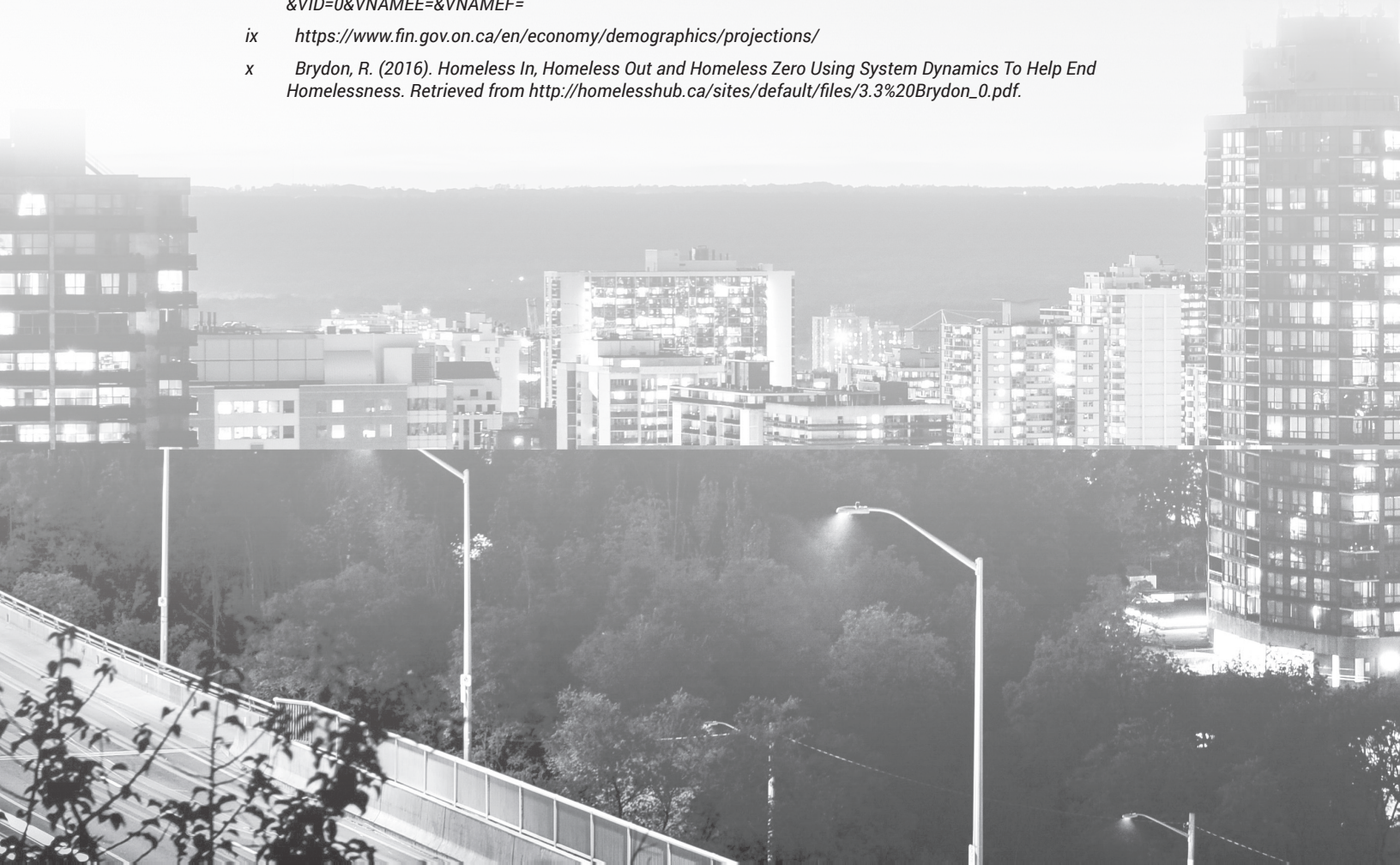| Term	Definition
Coordinated Assessment & Intake	a standardized approach to assessing a person's current situation, the acuity of their needs, the services they currently receive, and may require in the future, and their preferences for service delivery. It takes into account the background factors that contribute to risk and resilience, changes in acuity, and the role of friends, family, caregivers, community and environmental factors.
Core Housing Need	when a household spends more than 30% of its pre-tax income on housing costs.
Designated Community Entity	A Federal designation for communities who are entrusted with the responsibility to select and manage Reaching Home projects in their communities. A community entity's responsibilities include the implementation of a Community Plan, in whole or part. Under this delivery model, all requests for funding must go through the Community Entity.
Discharge Plan	preparing someone to move from an institutional setting (child welfare system, criminal justice system, hospital etc.) into a non-institutional setting either independently or with certain supports in place.
Emergency Shelter	any facility with the primary purpose of providing temporary accommodations and essential services for homeless individuals.
Episodically Homeless	a person who is homeless for less than a year and has fewer than four episodes of homelessness in the past three years. Typically, those classified as episodically homeless have reoccurring episodes of homelessness as a result of complex issues such as addictions or family violence.
Flow	refers to the number of clients that will naturally cycle throughout the program, allowing more spaces for new clients.
Homeless Individuals and Families Information System (HIFIS)	an electronic database that collects and securely stores information about Hamilton's homeless population throughout Hamilton's System of Care.
Homeless	homelessness describes the situation of an individual or family without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it. It is the result of systemic or societal barriers, a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination (Canadian Observatory on Homelessness, 2012).
Homeless-serving System	A homeless-serving system comprises a range of local or regional service delivery components serving those who are homeless or at imminent risk of homelessness.
Housing First	adopting a Housing First approach means that permanent housing is provided directly from homelessness, along with needed support services, without the requirement of a transition period or of sobriety or abstinence. Support services may include intensive medical, psychiatric and case management services including life skills training, landlord liaison assistance and addictions counseling. Addressing these needs through support services helps people maintain their housing over the long term.

Term	Definition
Indigenous Homelessness (Reaching Home)	refers to Indigenous Peoples who are in the state of having no home due to colonization, trauma and/or whose social, cultural, economic, and political conditions place them in poverty. Having no home includes: those who alternate between shelter and unsheltered, living on the street, couch surfing, using emergency shelters, living in unaffordable, inadequate, substandard and unsafe accommodations or living without the security of tenure; anyone regardless of age, released from facilities (such as hospitals, mental health and addiction treatment centers, prisons, transition houses), fleeing unsafe homes as a result of abuse in all its definitions, and any youth transitioning from all forms of care.
Indigenize	bring (something) under the control, dominance, or influence of the people native to an area.
Integrated Case Management	are a team-based approach that supports individuals through a case management approach, the goal of which is to help clients maintain their housing and achieve an optimum quality of life through developing plans, enhancing life skills, addressing health and mental health needs, engaging in meaningful activities and building social and community relations. It has a moderately strong evidence base. It is designed for clients with lower acuity, but who are identified as needing intensive support for a shorter and time-delineated period.
Intersectionality	the interconnected nature of social categorizations such as race, class, and gender as they apply to a given individual or group, regarded as creating overlapping and interdependent systems of discrimination or disadvantage.
Key Performance Indicators	a measure that quantifies progress towards desired outcomes – measures the extent to which the outcomes achieved are meeting the program's objectives. Performance indicators may not necessarily be entirely within an entity's control. When dealing with outcomes, direct measures are often difficult – for this reason, measures often only "indicate" the outcome rather than directly measure it. Usually it takes more than one performance indicator to adequately capture an outcome.
Lived experience	refers to a representation of the experiences and choices of a given person, and the knowledge that they gain from these experiences and choices.
Living experience	Experience and knowledge gained through living.
Non-Market Housing	non-market housing varies in its operations, but commonly has rents below market value, may provide social services or supports, and is typically targeted to individuals and families with low-incomes. Non-market housing is typically described as subsidized, social or affordable housing units.
Occupancy	represents the number of clients accepted into the housing program, based on Shelter Point. Occupancy does not refer to the number of people housed. For example, scattered-site programs accept clients and then begin the housing search. Thus, clients can be in a program and receiving case management while they remain in homelessness. For full programs, this population represents approximately 20-30% of their occupancy.
Outreach	outreach programs provide basic services and referrals to chronically homeless persons living on the streets and can work to engage this population in re-housing.

Term	Definition
Permanent Supportive Housing	combines rental or housing assistance with individualized flexible and voluntary support services for people with high needs related to physical or mental health, development disabilities and substance use. It is an option to house chronically homeless individuals with high acuity.
Prevention	refers to one of the main strategies in addressing homelessness that aims to stop people from becoming homeless in the first place.
Prioritization	the action or process of deciding the relative importance or urgency of a thing or things.
Point -in-Time (PiT) Counts	provides a "snapshot" of the number of people experiencing homelessness on a specific date (usually one day but occasionally up to a week) in a community.
Recidivism	the rate in which a client receives a positive housing outcome and returns to shelter or rough sleeping.
Service Prioritization Decision Assessment Tool (SPDAT)	assesses clients based on a variety of components ranging from health to daily living activities to prioritize them for housing assistance interventions, sequence clients to receive those services, allocate the time and resources from staff, and assist with case planning and tacking of needs.
Service Manager	the service manager has overall accountability for defining the service, ensuring services meet the business need and are delivered in accordance with agreed business requirements, and managing the service lifecycle – often in conjunction with a service team.
System of Care	a local or regional system for helping people who are homeless or at imminent risk of homelessness. A system of care aims to coordinate resources to ensure community level results align with strategic goals and meet client needs effectively. The term "system of care" includes the broader mainstream systems, community partners, all levels of government, philanthropists, faith communities, not-for-profit organizations; essentially all touch points serving people experiencing homelessness.
System Planning	creating a system of navigation for accessing services from many different agencies, resulting in a system of care.
Systems planner	refers to the roles that an organization plays in ending homelessness including: leader, coordinator, data manager, funder and researcher.
Transitional Housing	refers to supportive, yet temporary type of accommodation that is meant to bridge the gap from homelessness to permanent housing by offering structure, supervision, support, life skills, education, etc.
Triaging	the process for determining the priority of clients based on the severity of their condition.
Wrap-Around Supports	services that help address a homeless individual's underlying causes of homelessness. These support services include medical and psychiatric case management, life skills training, landlord liaison assistance, and addictions counseling.

List of Acronyms

Abbreviation	Description
ACT	Assertive Community Treatment
CA	Coordinated Access
CAB	Community Advisory Board
SM	Service Manager
COH	Canadian Observatory on Homelessness
HIFIS	Homeless Individuals and Families Information System
ICM	Intensive Case Management
LGBTQ2S+	Lesbian, Gay, Bisexual, Transgender, Transsexual, Queer, Questioning, and Two-Spirit People
KPI	Key Performance Indicators
PIT	Point-in-Time: Homeless Point-in-Time Count
RRH	Rapid Rehousing
SPDAT	Service Prioritization Decision Assistance Tool

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v   *De Jong, I. (n.d.). The Difference Between Having Higher Acuity and Being Chronic. Retrieved from https://www. orgcode.com/the_difference_between_having_higher_acuity_and_being_chronic*

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viii *https://www12.statcan.gc.ca/census-recensement/2016/dp-pd/dt-td/Rp-eng&DETAIL=0&DIM=0&FL=A&FREE=0&GC =0&GK=0&GRP=1&PID=110571&PRID=10&PTYPE=109445&S=0&SHOWALL=0&SUB=0&Temporal=2016&THEME=121 &VID=0&VNAMEE=&VNAMEF=*

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