Reaching Home: Canada's Homelessness Strategy Directives

Introduction

Reaching Home is a community-based program aimed at preventing and reducing homelessness by providing direct support and funding to Designated Communities (urban centers), Indigenous communities, territorial communities and rural and remote communities across Canada.

The Reaching Home directives provide guidance, details and expectations related to the program requirements to assist communities in preventing and reducing homelessness. This includes a description of eligible activities and expenses. A number of examples have been provided within the directives to illustrate eligible activities; however these are not necessarily exhaustive. Any distinctly prohibited activities are identified as such.

Reaching Home recognizes that Indigenous Peoples have the right to be actively involved in developing and determining health, housing and other economic and social programs affecting them, and, as far as possible, to administer such programs through their own institutions. Accordingly, these directives include provisions to facilitate delivery of culturally competent homelessness programming, in keeping with the Indigenous homelessness definition in the document.

The directives begin by setting out definitions related to homelessness that are intended to help communities 1) develop a framework for understanding and describing homelessness, 2) identify goals, strategies and interventions, and 3) measure outcomes and progress. The definitions provided have no impact on program eligibility.

The program directives also provide communities with additional guidance to implement many of the program requirements, including: coordinated access; planning and public reporting; Community Advisory Boards; requirements related to capital projects; and official language minority communities.

Definitions

Homelessness

Homelessness is the situation of an individual or family who does not have a permanent address or residence; the living situation of an individual or family who does not have stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it.

It is often the result of what are known as systemic or societal barriers, including a lack of affordable and appropriate housing, the individual/household's financial, mental, cognitive, behavioural or physical challenges, and/or racism and discrimination.

Chronic homeless

Refers to individuals who are currently experiencing homelessness AND who meet at least 1 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)

Chronic homelessness includes time spent in the following contexts:

Staying in unsheltered locations, that is public or private spaces without consent or contract, or places not intended for permanent human habitation (Canadian Observatory on Homelessness (COH) Typology: 1.1 and 1.2).

Staying in emergency shelters, including overnight shelters for people experiencing homelessness (including those for specific populations, such as youth, families, and newcomers), shelters for people impacted by family violence, and emergency shelters for people fleeing a natural disaster or destruction of accommodation (COH Typology: 2.1, 2.2, and 2.3).

Staying temporarily with others without guarantee of continued residency or the immediate prospects for accessing permanent housing, or short-term rental accommodations (for example, motels) without security of tenure (COH typology: 3.2 and 3.3).

It does not include situations where individuals have access to secure, permanent housing, whether subsidized or not. The definition also does not include time spent in transitional housing or in public institutions (for example, health and corrections), although individuals who are discharged into homelessness from transitional housing or public institutions can be considered chronically homeless if they were experiencing chronic homelessness upon entry to transitional housing or the public institution.

Indigenous homelessness

Recognizing the diversity of Indigenous Peoples in Canada, and that Indigenous Peoples may choose to refer to themselves in their own languages, the following definition of Indigenous homelessness is inclusive of First Nations, Métis, and Inuit, status and non-status persons, regardless of residency or membership status.

For the purposes of Reaching Home, and subject to revision based on ongoing engagement and consultation with Indigenous Peoples, Indigenous homelessness 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".

Directives

1. Eligible activities and expenses

The eligible activities and expenses under Reaching Home are broadly defined in the program terms and conditions. The information below is intended to help clarify and expand upon the information provided in the terms and conditions.

Reaching Home will fund activities that contribute to the objectives of the program while reflecting local realities and community needs and opportunities. The eligible activities and expenses are grouped into 5 categories of activities directed at achieving the program objective of preventing and reducing homelessness. These eligible activities and expenditures apply to all funding streams, with a small number of clearly identified exceptions. Note that the eligible activities and expenses identified below can include culturally appropriate activities for Indigenous individuals and families that have similar objectives.

Examples of eligible activities and expenses are provided below. Each of the activities may be supported through case management – a comprehensive and strategic form of service provision, either short- or long-term, whereby a case worker assesses the needs of individuals and families and, where appropriate, arranges, coordinates and advocates for delivery and access to a range of programs and services designed to meet the individual's needs.

Examples of Indigenous-specific activities are intended to help illustrate and inform, especially with regard to a broader audience of administrators, auditors, and other users who may not be familiar with First Nations, Inuit, and Métis cultural practices and ways of supporting well-being. For the most part, the activities themselves would be determined through community-based decision making by First Nations, Inuit, and Métis.

a. Housing services

Housing services are those that lead to an individual or family transitioning into more stable housing that has been deemed appropriate and safe. Housing could include:

Transitional housing: Housing intended to offer a supportive living environment for its residents, including offering them the experience, tools, knowledge and opportunities for social and skill development to become more independent. It is considered an intermediate step

between emergency shelter and supportive housing, and has limits on how long an individual or family can stay. Stays are typically between 3 months and 3 years.

Permanent supportive housing: Housing that combines rental or housing assistance with individualized and flexible support services for people with high needs related to physical or mental health, developmental disabilities or substance use. Permanent supportive housing may be:

Placed-based: Congregate or independent permanent supportive housing units situated in 1 building or location

Scattered-site: The provision of permanent supportive housing services in the community, delivered through home visits or community-based agencies

Housing: Housing that is not supportive housing and that can be long-term. Includes a house, apartment or room (including social housing) that a family or individual rents or owns. Housing may include living arrangements with friends or family members that are expected to be long-term.

Indigenous housing options that reflect Indigenous values, beliefs and practices (for example, community/family living environment) and are delivered by Indigenous organizations.

Eligible activities include:

Housing placement

Determining an individual's or family's preferences and needs for housing and type of supports.

Securing housing for individuals and families by working with private and public local real estate, landlord associations, home communities (for example, First Nation band, Inuit community, Métis settlement), to identify available housing units.

Time-limited rental assistance in the context of a rapid rehousing project. While at the discretion of the community to establish parameters for the rental assistance, rapid rehousing usually consists of 3 to 6 months of support.

Providing landlord-tenant services for an individual or family that was placed into housing, which includes providing landlord mediation and training on roles and responsibilities of tenants and landlords.

Re-housing (if required).

Emergency Housing Funding

Within parameters that are established by the community, funding to help cover housing costs in the short term while awaiting access to longer-term housing supports, including the Canadian Housing Benefit or benefits from provincial, territorial or municipal programs.

Housing set-up

Activities which cover costs associated with setting up a housing unit, including: insurance, damage deposit, first and last months' rent, maintenance (for example, painting), moving, furniture, kitchen, basic groceries and supplies at move-in, etc. Available to all individuals and families, not just those in receipt of rental assistance or Emergency Housing Funding.

If a provincial social assistance or other program offers first and last month's rent or damage deposits, this funding should be exhausted first before Reaching Home funding is used for these purposes.

Ineligible activities include:

Emergency Housing funding while the individual or family is supported by the provincial, territorial or municipal welfare and rent supplement programs; and

Level of funding provided for Emergency Housing Funding must not exceed amount of financial assistance provided by provincial, territorial or municipal rent supplement programs.

b. Prevention and shelter diversion

Prevention includes activities aimed at preventing homelessness by supporting individuals and families at imminent risk of homelessness before a crisis occurs. This includes supporting individuals and families who are currently housed but at-risk of losing their housing, and preventing individuals who are being discharged from public systems (for example, health, corrections, and child welfare) from becoming homeless.

Populations at imminent risk of homelessness are defined as individuals or families whose current housing situation will end in the near future (for example, within 2 months) and for whom no subsequent residence has been established.

Shelter diversion is a tool used to prevent the use of emergency shelters by providing individualized supports when families and individuals are seeking to enter the emergency shelter system. Shelter diversion programs help individuals and families seeking shelter to explore safe and appropriate alternate housing arrangements and, if necessary, connect them with services and financial assistance to help them find secure housing.

Shelter diversion is different from other permanent housing-targeted interventions because of the point in time in which the intervention occurs. Shelter diversion focuses on people as they are seeking entry into shelters, while prevention focuses on people at risk of homelessness. However, many of the same initiatives may be employed with shelter diversion as with prevention.

Eligible activities include:

Discharge planning services for individuals being released from public systems (for example, health, corrections, and child welfare)

Help obtaining or retaining housing, including shared housing

Landlord liaison and intervention to prevent eviction and preserve tenancy

Advice on budgeting, credit counseling and debt consolidation

Legal advice, advocacy and legal representation in order to avert eviction

Emergency assistance to help avert eviction (for example, food, clothing, transportation vouchers, cleaning/repair of damage to a rental unit)

Moving costs; and

Short-term financial assistance to help avert eviction or loss of housing with rent, rental arrears, and utility deposits or payments.

Ineligible activities include:

Provision or payment for student housing for students who are not at imminent risk of homelessness; and

Supports for low-income individuals or families who are not at imminent risk of homelessness.

c. Client support services

Client support services include individualized services to help improve integration and connectedness to support structures, such as the provision of basic needs and treatment services. They may also include services to support the economic, social and cultural integration of individuals and families.

Basic needs services

Funding for basic needs services support outcomes that contribute to a reduction in homelessness. For example, short-term food and emergency shelter assistance are eligible activities as a means to assist homeless individuals to obtain placement in more stable housing. Longer-term food programs can also be funded if they are part of another intervention that is considered an eligible activity. For Indigenous individuals and families, funding could support culturally appropriate services and connection with community (for example, local and/or home community, including First Nation band, Métis settlement, etc.).

Eligible activities include:

Essential services related to the provision of emergency shelter beds, food and shelter, including shower and laundry facilities, food banks, soup kitchens, community kitchens and drop-in centres.

Life skills development (for example budgeting cooking).

Longer-term food programs that are part of another eligible activity (for example, activities that assist with community reintegration).

Culturally relevant supports for Indigenous people (for example, cultural ceremonies, traditional supports and activities with the goal of increasing cultural connections and an individual's sense of belonging in a community).

Groceries, personal hygiene and supplies.

Clothing, footwear and blankets.

Storage for belongings (up to 3 months).

Access to traditional foods and medicines.

Repair or replacement of eyeglasses (if not otherwise covered through medical services).

Disability supports (for example mobility and other assistive devices if not otherwise covered through medical services).

Personal identification.

Access to technology (for example phones, community voice mail, safe apps, computers, etc.) in a community setting (for example in a resource or drop-in centre).

Bus or public transit tickets related to integration activities (for example, job search/interviews, appointments/reconnecting to family).

Transportation to home community (mileage eligibility to be determined by community).

Access to oral care programs (if not covered by a provincial/territorial government).

Ineligible activities include:

Delivery of basic needs services without any demonstrated outreach or intervention to improve housing stability or social/economic integration as part of the project activities.

Clinical and treatment services

Clinical and treatment services are activities that seek to improve the physical, emotional and psychological health and well-being of individuals and families who are homeless or at imminent risk of homelessness.

Eligible activities include:

Brokering and navigating access to clinical, health and treatment services (includes mental health and addictions support) through case management, including through an Intensive Case Management team.

Partnership development, liaison and integration to bring together services to support the needs of individuals or families or to establish case management teams where none exists

Delivery of harm reduction activities that seek to reduce risk and connect individuals and families with key health and social services.

These activities may include, for instance, storage, distribution and provision of materials and/or supplies (for example, needles), prevention interventions (for example, targeted programming to prevent substance abuse in homeless youth and/or youth at-risk of homelessness; managed alcohol programs, connecting individuals to harm reduction services).

Professional fees for services provided in support of Indigenous individuals and families (for example services provided by Indigenous Elders or traditional healers). The value of professional fees, gifts or honoraria must be proportional to the service rendered and should not exceed the reasonable and customary amount for each service; and

Supports to access traditional or culturally sensitive healing services (for example, healing circles, sweat lodges ceremonies, access to traditional medicines) that are not offered through provincial programming. Eligibility is not based on service location (for example, may be local or require travel to a non-local Indigenous community).

Ineligible activities include:

Providing general health and medical services (for example, doctors, nurses and other medical professional salaries), mental health or addictions support services (for example, counselling, treatment, and hospitalization) that are already provided through provincial/territorial areas of responsibility.

Health and medical services components of an Assertive Community Treatment team. An ACT team provides access to services that are the responsibility of provinces and territories and cannot be funded under Reaching Home (for example, psychiatrist, doctor, nurse, substance abuse specialist). However, assisting with project coordination of an Assertive Community Treatment team, and linking individuals and families to existing Assertive Community Treatment teams is eligible.

Economic integration services

Eligible activities include:

Income assistance: services directed towards individuals and families to help them access income benefits (for example, provincial/territorial social assistance, child benefits, disability benefits, veterans allowance, old age security, or employment insurance).

Employment assistance: pre- and post-employment services (for example, job search assistance, interview preparation) that bridge individuals and families to the labour market and assist them to maintain employment and build self-sufficiency.

Education and Training assistance: services to support essential skills development (for example, reading, document use, numeracy, writing, oral communication, working with others, thinking, computer use and continuous learning), services to connect individuals and families to education and training programs and services to support the successful participation in these programs (for example, bus passes, clothing or equipment, food and non-alcoholic beverages, internet access for the duration of the program).

Ineligible activities include:

Employment activities normally delivered by other federal, provincial or territorial labour market programs

Job wages for individuals participating in an education, training, or pre-employment program

Salary for a full-time teacher to provide an alternative to provincial or territorial education

Tuition

Workplace skills development; and

Apprenticeship grants

Social and community integration services

Eligible activities include:

Supports to improve social integration, for example, costs of participation or provision of recreational/sports activities; and

Indigenous Elder consultation, gathering and preparation of traditional foods. Establishing and maintaining culturally relevant responses and supports to help Indigenous individuals and families (for example, navigation of urban services including to help establish and maintain culturally relevant support networks within an urban environment; Indigenous language and culture classes).

Ineligible activities include:

Purchase of alcoholic beverages.

d. Capital

Capital investments are intended to increase the capacity or improve the quality of facilities that address the needs of individuals and families who are homeless or at imminent risk of homelessness, including those that support culturally appropriate programming for Indigenous individuals and families.

Eligible activities include:

Renovation of emergency shelters, transitional housing, permanent supportive housing, or non-residential facilities, including:

Renovating an existing facility for upgrades and to meet building standards

Removing asbestos, mold, rodents; and

Repurposing an existing property to create transitional housing or permanent supportive housing, and expanding an existing facility.

Repairs of damages resulting from housing placements (includes private market housing).

New construction of transitional or permanent supportive housing, or non-residential facilities (for example, community hubs to include furniture banks, drop-in centres, resource centres, outreach worker spaces, counselling spaces, laundry facilities, food banks), including if applicable tearing down an existing facility to build a new one.

Purchase of transitional housing, or permanent supportive housing, and non-residential facilities to create new space or units.

Eligible costs related to professional fees, such as consultants, audit, technical expertise, facilitation, legal, and construction contractors, and capital costs of the purchase of a land or building.

Purchase or construction of new emergency shelters using funding from Indigenous, Territorial and Rural and Remote streams.

Purchase of furniture, appliances, machinery (for example, lawnmower, woodworking tools), electronic equipment and vehicles (for example, to be used for outreach, transportation for furniture banks).

Ineligible activities include:

Construction and renovation of housing units funded through the bilateral Housing Partnership Framework agreement with the Canada Mortgage and Housing Corporation and most provinces/territories.

Investments in social housing, including

Repairs to social housing units

Renovation of social housing units; and

Creation of social housing units

e. Coordination of resources and data collection

Coordination of resources refers to activities that: (1) enable communities to organize and deliver diverse services in a coordinated manner and/or (2) support the implementation of the

Homeless Individuals and Families Information System (HIFIS) or the alignment of an existing Homeless Management Information System with federal coordinated access requirements.

Eligible activities include:

Mapping of the housing and homeless-serving system to identify existing programs and services and assess current capacity, program funders, and program requirements.

Developing and implementing coordinated access, including:

Developing partnerships with service providers and other community organizations as necessary

Establishing governance structures and developing privacy tools (for example, data management protocols, data sharing agreement, consent form) for coordinated access and HIFIS implementation

Delivering Change Management activities, such as developing and implementing a communication strategy (for example printed or web-based communications, training, including travel to HIFIS/ Coordinated Access training)

Designing the access model

Selecting an assessment tool and a referral and matching process for the coordinated access system; and

Implementing a by-name list where applicable.

Hiring a project manager for coordinated access, including for HIFIS implementation/maintenance:

Consultant fees or staff wages (for example, community coordinator, analyst, and information technology (IT)), and the corresponding benefits and mandatory employment related costs (for example, Canadian Pension Plan, Québec Pension Plan, Employment Insurance, etc.).

Acquiring hardware/software IT infrastructure, such as HIFIS server and other necessary IT equipment, and related office furniture (for example, computer):

Additional support as necessary, for example, legal advice, network security, development of tailored HIFIS reports.

Customizing an existing Homelessness Management Information System to meet the minimum requirements of coordinated access.

Developing partnerships to support a broader systematic approach to addressing homelessness (for example, partnerships with health services, corrections, housing providers).

Conducting point-in-time counts or surveys of homeless populations (for example, coordinator, assistant coordinator, data analyst, project supplies, printing, Volunteer Training, Meeting Space).

Acquiring additional support (for example, contracts, consultants) related to project activities.

Improving services (for example, staff training on activities in support of a broader systematic approach to addressing homelessness). System support projects to strengthen the organizational capacity of networks, coalitions and other sector organized groups to develop best practices in terms of service delivery and more responsive, better-integrated services and partnerships.

Projects that facilitate the coordination of housing and homelessness services, the development of system-wide strategic responses, and foster creative new approaches to addressing issues faced by people who are homeless or at imminent risk of homelessness.

Informing the public and soliciting feedback on activities intended to reduce and prevent homelessness.

Ineligible activities include:

Software and/or hardware purchase and/or development for the collection and management of homelessness data that constitutes a redundant use of funds and duplicates activities already offered through HIFIS; and

Administrative costs incurred by Community Entities in the delivery and management of contribution funds under Reaching Home to a third party.

Communities may also undertake data collection activities, which may be unrelated to the design and development of coordinated access and a Homelessness Management Information System that enhance understanding of local homelessness issues and help support decision-making and longer-term planning.

Eligible data collection activities include:

Collection of data to demonstrate accountability, support decision-making and develop an understanding of the homelessness situation

Activities intended to build partnerships for data collection and analysis

Gathering, sharing and disseminating information with the Community Advisory Board and other interest parties

Technical support for data collection, analysis and management

Purchase of equipment to collect and compile data

Ineligible data collection activities include:

Local research other than the data collection activities described under "eligible activities; and

Information gathered or refocused primarily for the purpose of advocacy, public education or awareness.

2. Administration expenditures

Eligible administrative expenditures are those supporting but not directly related to the delivery of Reaching Home programming. The maximum amount of administrative costs covered under Reaching Home is 15% of the annual allocation. No more than 15% of the Reaching Home contribution can be used for administrative costs, and these costs must be reflected in the proposed project budget.

Eligible costs include:

Staff expenses

Mandatory Employment Related Costs (MERCs) which refer to payments an employer is required by law to make in respect of its employees such as: Employment Insurance and Canada Pension Plan/Québec Pension Plan premiums, workers' compensation premiums, vacation pay and Employer Health Tax; and benefits which refer to payments an employer is required to make in respect of its employees by virtue of company policy or a collective agreement.

Professional development and staff training.

Administrative costs

General administration-type costs, normally incurred by any organization, that enable effective delivery of Reaching Home. These include costs such as: administrative staff for activities such as accounting, reporting and human resource management, and general administrative costs such as rent, phone/fax, postage/courier, office supplies, internet/website, bank charges, office moving expenses, office cleaning, security system, garbage removal/recycling, publication purchases, equipment maintenance and membership.

Professional fees

Contracting for goods or services such as bookkeeping, janitorial services, information technology, equipment maintenance services, security, audit costs and legal fees.

For services provided in support of Indigenous individuals and families who are homeless or at risk of homelessness (for example, services provided by Indigenous Elders).

Travel

Travel costs set out in the National Joint Council of Canada's Travel Directive that are incurred by project staff, volunteers and contracted professionals. Examples include flight, hotel, car rental.

Staff and volunteer (includes Community Advisory Board members) transportation (for example, parking, bus fare, airfare, taxi, mileage, food, accommodation)

Capital assets

Eligible costs related to other capital costs (for example, vehicles, tools, equipment, machinery, computers and furniture for service delivery).

Cost of purchasing or leasing capital assets over $1,000, excluding taxes, with the exception of facilities. Under Reaching Home, this includes: furniture, appliances and fixtures for the facilities used to carry out administrative activities.

Other activity-related costs

Direct costs explicitly related to administrative activities that are not included in any other expenditure category, such as: cultural competency training, rented space to hold meetings, hospitality for meetings (including Community Advisory Board meetings), furniture costing $1,000 or less, before taxes, printing costs, meter charge for photocopies, translation.

Activities to ensure the participation of people with lived experience in the Community Advisory Board or Regional Advisory Board, which may include, for example, reimbursing participation costs of a person with lived experience at a Community advisory board or Regional Advisory Board meeting.

Activities to ensure that programs and services meet the needs of Indigenous Language Communities (for example, providing services and supports in Indigenous languages to address local Indigenous homelessness needs).

Ineligible activities include:

International travel costs.

Purchase of alcoholic beverages.

Payment to Community Advisory Board members for their time to attend Community Advisory Board meetings; and

Costs associated to traffic fines and penalties.

3. Planning and public reporting

Requirement: communities receiving funding from the Designated Communities stream must adopt an outcomes-based approach where they work to achieve pre-determined community-level outcomes.

The adoption of an outcomes-based approach is not a requirement for Indigenous Homelessness stream, and the Rural and Remote Homelessness stream. However, in communities that receive funding from both the Designated Communities and Indigenous Homelessness streams, cross-stream collaboration to develop and work towards community-level outcomes is expected.

The steps to be taken to transition to an outcomes-based approach (includes work to be undertaken to implement coordinated access) must be set out in the community plan.

Communities in receipt of funding from the Territorial Homelessness stream that opt to and are supported in implementing coordinated access will be required to adopt the elements of the outcomes based approach as described below.

Designated Communities are required to work towards the following mandatory community-level outcomes:

Chronic homelessness in the community is reduced.

Homelessness in the community is reduced overall and for specific populations

Communities choose as many as needed, but must include Indigenous homelessness.

New inflows into homelessness are reduced; and

Returns to homelessness are reduced.

Beyond these core outcomes, communities also have the option of reporting on other community-wide outcomes that they feel would complement the core outcomes if they had the capacity to do so.

A common set of indicators for the community-wide outcomes will be established across Designated Communities.

With the exception of a reduction of 50% in chronic homelessness by 2027 and 2028, communities will set their own targets for each outcome.

Requirement: communities receiving funding from the Designated Communities stream must develop a community plan that includes the following components:

An investment plan indicating the intended allocation of Reaching Home's funding towards the following activity areas:

Housing placement

Prevention and shelter diversion

Client support services

Capital investment; and

Coordination of resources and data collection.

The voluntary outcomes that will be reported on through the Community Progress Reports.

Work that will be undertaken to design and implement coordinated access.

Details on how the Indigenous Community Entity (where the Indigenous Homelessness and Designated Community streams co-exist) and stakeholders in the community were consulted during the development of the community plan.

Measures to be undertaken to meet the needs of Official Language Minority Communities.

Identification of other funding sources in the community available to address homelessness.

Requirement: communities receiving funding from the Designated Communities funding stream will be required to complete and publish annual public reports known as the Community Progress Reports to track their progress towards targets and outcomes. In Designated Communities where there is also an Indigenous Homelessness Community Entity, the Designated Communities Community Entity is expected to work in partnership with the Indigenous Homelessness Community Entity on the Community Progress Report.

The new Community Progress Report will incorporate annual performance outputs, and track progress toward achieving community-wide outcomes.

While the core components of the Community Progress Report will be common across communities, communities will be able to customize them to their unique needs through locally-set targets, voluntary outcomes and qualitative narrative questions.

A Community Progress Report would include 3 sections that would unlock as communities make progress in its implementation, and a by-name list is in place long enough to measure year-over-year progress against outcomes:

Section 1 : communities report on progress in implementing coordinated access through a self-assessment checklist.

Section 2 : communities report on annual performance output.

Section 3 : communities report on progress towards community-wide outcomes.

4. Coordinated access

Requirement: all Designated Communities are required to have a coordinated access system in place by March 31, 2022.

What is a coordinated access system?

A coordinated access system is the process by which individuals and families who are experiencing homelessness or at-risk of homelessness are directed to community-level access

points where trained workers use a common assessment tool to evaluate the individual or family's depth of need, prioritize them for housing support services and then help to match them to available housing focused interventions.

Quality coordinated access systems share several features, including a centralized database that collects and displays real-time data on clients and available housing and supports; clear access points of entry; common assessment; standardized protocols; and resources (for example, staff) focused on ensuring that people can connect with appropriate housing and housing supports in an efficient manner.

Definitions:

Access: the engagement point for the individual or family experiencing a housing crisis. This may include emergency shelters, mobile outreach teams, day centres, other community-based organizations and hotlines.

Assessment: the process of gathering information about an individual or family accessing the crisis system.

Prioritization: the process of determining the individual's or family's priority for housing based on information gathered through the assessment.

Matching and referral: the process whereby the individual or family is matched to and offered housing based on project-specific eligibility, needs and preferences.

Figure 1 – What is Coordinated Access?
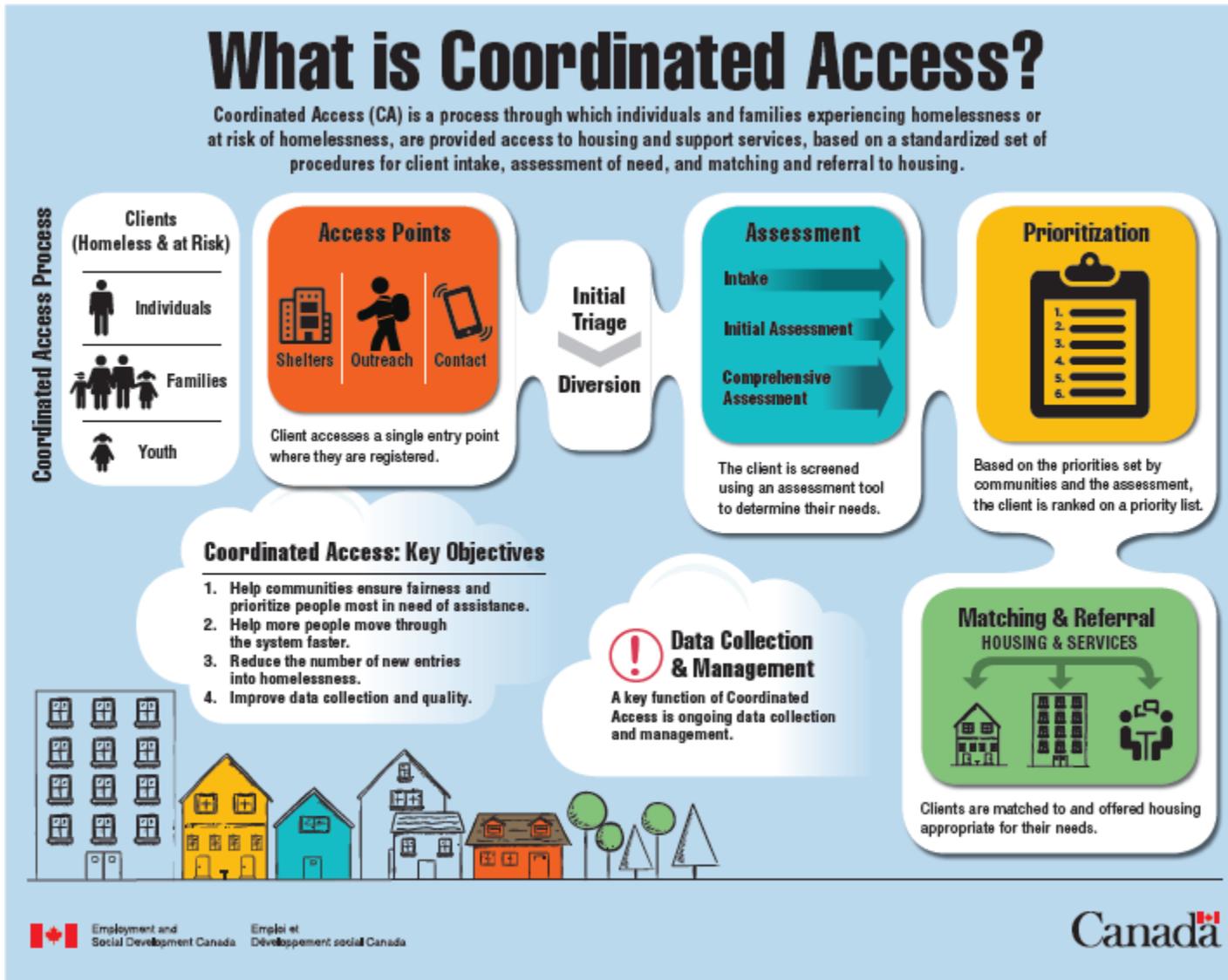
Text description of Figure 1 – What is Coordinated Access?

First:

Coordinated Access is a process though which individuals and families experiencing homelessness or at risk of homelessness, are provided access to housing and support services, based on standardized set of procedures for client intake, assessment of need, and matching and referral to housing.

Second:

Coordinated Access Key Objectives:

1. Help communities ensure fairness and prioritize people most in need of assistance

2. Help more people move through the system faster

3. Reduce the number of new entries into homelessness

4. Improve data collection and quality

Third:

Data collection and management

A key function of Coordinated Access is ongoing data collection and management

Fourth:

Coordinated Access Process

Fifth:

1. Access Points

Client (e.g., individuals, families, youth) who are at risk of or experiencing homelessness accesses a single entry point where they are registered

Sixth:

2. Assessment

The client is screened using an assessment tool to determine their needs

Seventh:

3. Prioritization

Based on the priorities set by communities and the assessment, the client is ranked on a priority list.

Eighth:

4. Matching and referral

Clients are matched to and offered housing appropriate for their needs.

Why require Designated Communities to implement a coordinated access system?

Under a coordinated access system, service providers shift from delivering services to clients they know to clients that the community has prioritized. Through a common information management tool that provides real-time, person-specific information, and allows for the triaging of clients in need based on the community's priority populations and acuity assessments, service providers with an opening will defer to a common list of clients. For clients, this integration can result in more effective and timely access to housing and housing

supports, as regardless of where someone first seeks services, access is based on vulnerability, eligibility and choice.

For the community, coordinated access is a key element in moving towards an integrated systems approach with a common decision-making process and common goals, rather than a collection of service providers making individual decisions. It helps to highlight areas where there are gaps in services, reduces service duplication, and overall allows for seamless service delivery for individuals.

Coordinated access is also the means by which communities will be able to implement an outcomes-based approach. Shifting towards coordinated access means that Designated Communities will gather more comprehensive data on their local homeless population. In time, communities will be able to establish baselines against which progress toward important outcomes—like the reduction of chronic homelessness—can be measured. This will allow Designated Communities to identify trends so they can share successes and determine where more focus is warranted.

Roles and responsibilities

Planning for coordinated access should take place through an inclusive community process that includes representatives from all key stakeholder groups, such as housing providers, Indigenous service providers, and people with lived experience. As major funders to homelessness-serving systems, provincial/territorial and municipal governments should also be included in the planning process to help ensure program alignment. A coordinated access planning group could be, for instance, a stand-alone body or a sub-committee of the Community Entity and/or Community Advisory Board.

When building a coordinated access system, communities will need to identify a lead to manage implementation and operationalization of the coordinated access system. This should be an organization positioned and supported by system participants to provide oversight, guidance, monitoring and evaluation and the development of the coordinated access system policies and procedures. While the Community Entity supported by the Community Advisory Board would be well-positioned to undertake this process, it will be at the discretion of each community to identify a lead.

The implementation of coordinated access is not a one size fits all process. As such, it will be a community-led initiative where Designated Communities will have flexibility to establish a system that works best for their local needs. However, to help fully realize the benefits of coordinated access, a number of minimum requirements have been identified. Within the minimum requirements, Designated Communities will have flexibility to implement a system that responds to their unique needs.

Minimum requirements

Coverage

Requirement: coordinated access process must be implemented throughout the geographic area covered by a Designated Community.

For Designated Communities with very large geographic areas, referral zones or subdivisions could be established to better match program enrollment to client location. This would help avoid forcing persons to travel or move long distances to be assessed or served, unless they would prefer housing options outside their current referral zone.

Requirement: in communities that receive funding from both the Designated Communities and Indigenous Homelessness streams, cross-stream engagement on the design and use of the coordinated access approach is expected.

Where 1 Community Entity is responsible for delivering both streams, the Community Entity will be responsible to engage with the Community Advisory Board(s) and Indigenous service providers as they are critical partners in a community's efforts to prevent and reduce homelessness, and their participation in coordinated access is essential to its success.

Where the streams are delivered by distinct Community Entities, it is expected that the Community Entities and Community Advisory Boards of both streams will engage in the planning and implementation of coordinated access in order to support active participation of all service providers. In addition, co-planning with the steams will also help facilitate appropriate and culturally sensitive referrals to the Community Entities administering the Indigenous Homelessness streams.

Requirement: Reaching Home requires all projects receiving funding from the Designated Communities stream to participate in the coordinated access system. This includes, but is not limited to, emergency shelters, transitional housing providers, outreach teams and supportive housing providers.

Any partner or community agency within the homeless serving system not in receipt of Reaching Home funding should be encouraged to participate in coordinated access.

Requirement: Reaching Home funded projects providing housing placement (for example, rapid rehousing, transitional housing, supportive housing) and associated supports (for example, case management) must receive referrals and fill vacancies through the coordinated access process.

Projects which have multiple funding sources may have program requirements imposed on them by other funders, and as such, are encouraged but will not be required to assign all housing vacancies to the clients assessed through the coordinated access process.

Governance operating model

Requirement: communities are required to build an appropriate governance operating model to exercise proper leadership for the planning, implementation and ongoing management of the coordinated access system. This includes identifying a lead organization to manage implementation and operationalization of the coordinated access system

The determination of a governance model can involve consultations between the Community Entity and the Community Advisory Board. It may also involve, for instance, the establishment of working groups composed of various stakeholders focused on identifying the governance model that would work best for the community.

Requirement: communities must develop policies and procedures outlining how the coordinated access process operates (for example, the process for evaluating individuals' eligibility for assistance). The purpose of the policies and procedures is to help govern the operation of coordinated access and should be made publicly available, if requested.

At a minimum, the following policies and procedures must be developed:

Standard assessment procedures, including documentation of a set of criteria to support uniform decision-making across access points.

List of prioritization factors and assessment procedures (for example, acuity assessment form, functional impairments including physical disabilities) with which prioritization decisions are made.

Referral procedures, including standardized criteria by which a participating project may justify rejecting a referral; and

Protocols for obtaining participant consent to retain and share information for purposes of assessing and referring participants.

Access

Requirement: there must be an established and agreed upon intake procedure for the entry of individuals and families into the system.

This is accomplished by establishing clear access points, for example, the places, either virtual or physical, where an individual or family in need of assistance engages with coordinated access services.

Requirement: access points must be easily accessed by individuals and families seeking homeless or homelessness prevention services.

Access points can be centralized or decentralized – or a combination thereof. The choice of approach is up to the community, with recognition that it is common that the approach may change or evolve over time. Various factors would be considered when choosing which method is best for a community.

Centralized model: uses one entry location where people at risk of or experiencing homelessness are assessed to determine the best resources for their specific needs. This entry can be by telephone or physical location. The location may serve all populations or there may be separate locations for each subpopulation (for example, youth). Two examples of a

centralized approach are: (1) a service hub that people who are homeless physically need to go to in order to complete an intake and assessment of current needs, and this is commonly where the referral and matching to housing programs occurs; and, (2) a dedicated phone number that anyone seeking assistance needs to call to be assessed during initial remote intake.

Decentralized model: uses multiple coordinated locations (physical, virtual or both) throughout the community that offer assessments and referrals. Sites can be operated by one agency or by different agencies. Each site has equal access to the same set of resources. Two examples of a decentralized approach are: (1) mobile outreach where the outreach worker can complete intake and assessment in the field; (2) a "no wrong door" approach where a person or family experiencing homelessness can go to any homeless serving organization to be assessed and complete initial intake.

Hybrid model: uses elements of both the centralized and decentralized model. An example of a hybrid model is the use of dedicated phone number as the first point of entry to screen calls from individuals and/or families experiencing or at risk of homelessness and then to refer them to a lead agency for further assessments and referrals.

Requirement: all people experiencing or at-risk of homelessness must have equitable access to coordinated access sites, regardless of the way that sites are organized in the community. This includes, but is not limited to, people experiencing chronic homelessness, youth, Indigenous Peoples, veterans and families.

While there will be equitable access for anyone who may be experiencing homelessness or at-risk of homelessness, specialized access points may exist for subpopulations including youth, Indigenous Peoples and survivors of domestic violence.

Requirement: individuals may not be denied access to the coordinated access process because of perceived barriers to housing or services (for example, income, drug or alcohol use).

Wherever possible, individuals and families should be diverted from homelessness.

Diversion is a tool used to prevent the use of emergency shelters by providing individualized supports before families and individuals enter the shelter system. As described in an Alliance to End Homelessness best practice brief, diversion programs help people seeking shelter, "to identify immediate alternate housing arrangements and, if necessary, connect them with services and financial assistance to help them return to permanent housing".Footnote 19

Diversion is not saying 'no' to sheltering people that have exhausted alternative housing options. Rather, diversion works to prevent people from accessing an emergency shelter where other housing options can be explored and ensures shelters beds are used as a resource only when absolutely necessary.

Assessment

Requirement: all coordinated access locations and methods (for example, phone, in-person) must offer the same assessment approach using uniform decision making processes.

The assessment component of coordinated access can be completed at a single interview, or it may be completed in phases, where partial information is collected on an as-needed basis as participants navigate the process. For example, the initial triage could be used to gather information on the individual's immediate needs. This could be followed by an initial assessment to identify a participant's housing and support needs. The final step could be a comprehensive assessment, which will be used to gather the information necessary to refine, clarify, and verify a participant's housing and homeless history, barriers, goals, and preferences.

Requirement: communities must use a common assessment tool for all population groups (for example, youth, women fleeing violence, Indigenous Peoples) so that there is a shared approach to understanding of people's depth of need. However, the questions and approaches used to conduct the assessment can be adjusted for specific populations (for example, a conversational approach rather than an interview-like approach may be more appropriate for Indigenous clients).

Acuity assessment tools can be used to understand the level of need among those experiencing homelessness.

Communities are responsible for selecting the assessment tool that works best for them, based on local needs and priorities as well as their approach to coordinated access. Any tool used for coordinated access should have, to the greatest extent possible, the following qualities:Footnote 20

Tested, valid, and appropriate

Reliable (provide consistent results)

Person-centered (focused on resolving the person's needs, instead of filling project vacancies)

User-friendly for both the person being assessed and the assessor

Strengths-based (focused on the person's barriers to and strengths for obtaining sustainable housing)

Housing First–oriented (focused on rapidly housing participants without preconditions)

Sensitive to lived experiences (culturally and situationally sensitive, focused on reducing trauma and harm); and

Transparent in the relationship between the questions being asked and the potential options for housing and support services.

Assessment tools may not produce the entire body of information necessary to determine an individual or family's needs and prioritization, either because of the nature of self-reporting, or

circumstances outside the scope of assessment (for example, manner in which an individual responds to challenges, circumstances of their lived experience). For this reason, it may be beneficial to collect additional information as needed (for example, demographic, background, current situation, preferences) and/or review the approach being used for the assessment. For example: assessments conducted with clients could lead to greater information sharing and experiences if the assessor assigned to the client is part of the same population group (for example, visible minorities, Indigenous Peoples). Engagement with key stakeholder groups to help inform the assessment questions and approach for the different local population groups is encouraged.

Prioritization

Requirement: prioritization is established through a series of triaging factors, including but not limited to an acuity assessment score from the common assessment tool. It is also important to note, that only information relevant to factors listed in the coordinated access written policies and procedures may be used to make prioritization decisions.

Beyond the acuity assessment score, other prioritizing factors taken into consideration include, but are not limited to: length and history of homelessness, current sleeping arrangements, health status, vulnerability to victimization, household type, number of children and/or pregnancy, youth, seniors veteran and Indigenous status.

For example, priority populations could include:

People with greater depth of need who are experiencing chronic homelessness

People who are highly vulnerable and have multiple disabilities (mental health, substance abuse issues), and people who have exhausted most of their sheltering options

The priorities established for one population group (for example, singles) will likely be different than the priorities established for any other population group (for example, families, youth); and

There are 3 main approaches to operationalizing the prioritization of individuals and families. Communities have the flexibility to select which of the 3 approaches works best for their local needs.

Frequent service user approach: participants are prioritized based upon the volume of service (emergency and/or homeless response) they currently use.

Descending acuity approach: prioritization relies solely on an acuity (depth of need) score.

Universal service management approach: a number of co-occurring variables can be considered at the same time to customize a prioritization approach that matches housing and support resources to those experiencing homelessness.

Requirement: in order to manage prioritization for referral and placement in a housing program, communities must maintain a priority list.

A priority list generally provides persons by name or identification code, and it serves as the reference for the referral process. Those identified on the priority list have gone through the assessment process. Communities can choose between maintaining a single priority list with all known homeless persons, or having separate lists by sub-population (for example, youth, Indigenous Peoples, families).

Requirement: as part of the planning process, communities must establish a set of prioritization criteria for each project type (for example, rapid rehousing, supportive housing).

For example, a community may determine that the highest priority for permanent supportive housing could be given to those who meet the definition of chronically homeless and have the highest service needs.

Matching and referral

Requirement: referral to housing services must be made based on prioritization guidelines, project-specific eligibility requirements (for example, age restrictions, geographic location) and the specific needs and preferences of the client.

The referral process is essentially a match that coordinated access makes between the needs and prioritization of the individual or family experiencing homelessness and available housing services. In referral, the individual with the highest priority is offered housing and support services first.

Communities will determine which matching process works best for them. Primarily they need to decide between a case conferencing model or a short-list model.

Requirement: referral must remain person-centred allowing participants self-determination and choice without repercussions or consequences, other than the natural consequences that occur with choice (for example, clients who refuse a housing placement would maintain their spot on the priority list).

Referral to a receiving program does not signify admission to that program. Rather, the receiving program may carry out its own intake process, including but not limited to an application, verification process, and admission decision. This would not impact positioning on a priority list.

Requirement: methods of dealing with referral challenges, concerns or disagreements such as refusal of various referrals must be in place.

Homelessness Management Information System

Requirement: the use of HIFIS will be mandatory in all Designated Communities where an equivalent Homelessness Management Information System is not already being used.

An equivalent Homelessness Management Information System must meet the following requirements:

Allow service providers to participate in the coordinated access system

The ability to support communities to undertake the intake of clients, the prioritization of clients based on pre-established criteria and the triaging and referring of clients to housing and housing-related supports

The capacity to export the same mandatory anonymized data fields to ESDC as required with HIFIS.

Requirement: in all Designated Communities, Community Entities must develop a set of local agreements to manage privacy, data sharing, and client consent in compliance to municipal, provincial and federal laws. This may include the following:

A Data Sharing Agreement, signed by each participating service provider that outlines a common understanding of what information is to be shared and why, detailing privacy and security protocol decisions, the quality of data to be provided, data entry protocols and relevant data management practices; and

A consent form, an agreement between the client and the service provider that provides consent on retaining and sharing of the individual's data.

Requirement: Community Entities that operate with HIFIS are required to sign a Data Provision Agreement and an End-user License Agreement with ESDC. Community Entities that operate with an equivalent Homelessness Management Information System other than HIFIS are required to sign a Data Sharing Agreement with ESDC.

The Data Provision Agreement and Data Sharing Agreement are agreements between ESDC and Community Entities that authorizes ESDC's quarterly collection of certain non-identifiable data fields in return for the use of HIFIS.

The End-user Licence Agreement is a legal agreement between the End-User, and the Minister of Human Resources and Skills Development Canada who owns all right, title and interest in HIFIS and all corresponding intellectual property associated with the software and the program.

Requirement: in all Designated Communities, Community Entities must setup a governance structure to oversee decisions related to implementing and maintaining HIFIS and the data collected. This may include the following:

Identify participating service providers;

Create a terms of references;

Develop policies and protocols; and,

Address data-related issues regarding legal, privacy, and the integrity of data collection.

Requirement: all Community Entities must access a server and establish corresponding security and safeguards to secure the data collected. This may include the following:

Securing an IT professional to establish and oversee server and security infrastructure; and,

Establishing policies and protocols regarding data management and access rights.

5. Community Advisory Boards

The Community Advisory Board (Designated Communities or Indigenous Homelessness Funding stream) or Regional Advisory Board is the local organizing committee responsible for setting direction for addressing homelessness in the community or region. The Community Advisory Board is expected to coordinate efforts to address homelessness in a community, and is therefore expected to have an in-depth knowledge of the key sectors and systems that affect their homelessness priorities. The Community Advisory Board is thus expected and encouraged to have an engagement strategy that would detail how it intends to achieve broad and inclusive representation, and coordinate partnerships with community organizations and individuals.

Roles and responsibilities

The Community Advisory Board is responsible for the following key areas:

Helping to guide the development of the community plan and provide official approval.

To this effect, the Community Advisory Board is responsible for engaging with key community organizations and individuals, including Indigenous, in the community beyond the homeless serving sector and gather all available information related to the community's local homelessness priorities, and develop a coordinated approach to addressing homelessness in their community.

Assess and recommend projects for funding to the Community Entity.

The Community Advisory Board is expected to undergo this process with a comprehensive understanding of the local homelessness priorities in their community.

Members must recuse themselves in situations where they have ties to proposed projects.

Being representative of the community.

The Community Advisory Board is responsible for recruiting members, and is expected to ensure that its composition has broad and inclusive representation.

Supporting Community Entities in the planning and implementation of coordinated access.

Approving the Community Progress Report.

Composition

The composition of the Community Advisory Board is expected to be reflective of the homeless population groups within the local community (for example, youth, Indigenous Peoples and survivors of domestic violence) including those with lived experience of homelessness. Depending on the local homeless population, it may be appropriate to have separate Indigenous Community Advisory Board representation for Inuit, First Nations and Métis people.

Participation on the Community Advisory Board is especially encouraged from:

Individuals with lived experience of homelessness

Indigenous Peoples and organizations, Friendship Centres; Indigenous housing organizations

Youth and youth serving organizations, including Child Welfare agencies

Organizations serving women/families fleeing violence

Organizations serving seniors

Newcomer serving organizations

The private sector

Police and correctional services

Landlord associations and/or the housing sector

Health organizations, including hospitals and other public institutions, and organizations focused on mental health and addictions; and

Veterans Affairs Canada or Veterans-serving organizations

Community Advisory Boards ex-officio representation to include Service Canada and the Community Entity who will advise on program eligibility requirements, and guide the Community Advisory Board where significant changes to the program are introduced.

Provincial/territorial, municipal and Indigenous governments who will 1) act as a resource for information on existing policies and programs, 2) provide guidance to ensure complementarity between federal and existing investments and 3) keep the respective organization apprised of developments at the community-level (in other word, re call for proposals, list of projects to be funded, etc.). The voting status of these members should be agreed to at the community-level.

Where 2 different Community Advisory Boards are within the same community, it is expected that at least 1 Community Advisory Board seat is available for the alternate Community Entity or Community Advisory Board member to promote collaboration and alignment among priorities. The voting status of these members should be agreed to at the community-level.

Governance

The Community Advisory Board is responsible for developing terms of reference and other policies and procedures central to the functions of the Community Advisory Board, including, but not limited to, the following:

Formalized procedures for addressing, real and/or perceived Conflicts of Interests, including the membership of any elected municipal officials;

Formalized procedures for assessing, and recommending project proposals for federal funding under the Reaching Home;

Identification of exclusive and shared responsibilities among Community Advisory Boards and Community Entities;

A formalized engagement strategy on how the Community Advisory Board intends to have broad representation, and coordinate partnerships with key community organizations and individuals; and

Membership terms and conditions, including recruitment processes, length of tenure, attendance requirements, and/or any delegated tasks.

6. Requirements related to capital projects

Requirement: If a community is going to invest in a capital project, the community and project sponsor must demonstrate they have done the following:

Linking with the province or territory: efforts should be made to link with provincial, territorial or municipal funding. It is important to provide evidence of the need to purchase, construct, or renovate facilities and to ensure that the community is best placed to undertake the capital project.Footnote 21 This should be demonstrated through the Reaching Home Sustainability Checklist for Applicants of Capital Investment ProjectsFootnote 22. Reaching Home funds can be used to complement other capital investments made by a province, territory or municipality. However, Reaching Home funding must not duplicate or displace funding from other programs (should be used to fill a gap in these instances).

Encouraging leveraging: where possible, communities are encouraged to ensure that Reaching Home is not the sole funder in capital projects. For capital projects consisting of new construction or purchase of facilities, the community is required to record the in-kind and financial contributions of each capital investment sub-project funded under Reaching Home.

Ensuring sustainability: capital projects require a sustainability plan in which organizations must demonstrate their capacity to operate the facility for its intended purpose for a minimum period of up to 5 years after project completion. Applicants must identify all relevant funding sources for the operation of the facility and/or new services through their application documents. As capital projects funded under Reaching Home should lead to new or improved services after their completion, an exit strategy is unacceptable for capital projects.

In their sustainability plan, organizations must:

describe their partnerships;

confirm their funding sources for ongoing operations;

report if the project will increase the level of services or if they will remain stable; and

include a timeline for the completion of their activities.

Requirement: as part of the application process for a sub-project, capital project applicants must follow the Sustainability Checklist in order to demonstrate that the minimum project sustainability standards have been addressed.

Applicants seeking capital funding under the regionally delivered funding streams (Designated Communities; Rural and Remote Homelessness; Territorial Stream and Indigenous Homelessness Stream) are required to complete the checklist as part of any proposal to create or expand a facility which could result in increased annual operational costs. The sustainability checklist can also be used to assess sustainability in capital projects that do not incur increased annual operational costs (for example, equipment purchase or renovations in a facility where no space, beds or units are added or no service is created or expanded).

Communities are responsible to review the checklist completed by applicants through the solicitation or proposals, as part of the assessment process.

Requirement: as Reaching Home allocations are annual, multi-year projects must be managed (expensed) on a fiscal year basis.

Requirement: applicable to organizations which own a property or have a long-term lease, capital renovation projects may be subject to monitoring for up to 5 years after the project end-date to ensure recipients are compliant with the terms of their funding agreement with Employment and Social Development Canada.

Service Canada monitors capital investments for emerging issues and may ask for course correction as needed.

7. Official Language Minority Communities

The Government of Canada has a responsibility under the Official Languages Act to ensure that programs and services meet the needs of Official Language Minority Communities.Footnote 23

Requirement: Community Advisory Boards and Community Entities are expected to identify Official Language Minority Communities within their community and ensure that appropriate services and supports are available in both official languages where there is significant demandFootnote 24.

The Official Language Minority Communities should be considered in the development and implementation of the community plan to ensure the needs of these populations are assessed and that appropriate measures are put in place to address those needs.

Requirement: The role of the Community Advisory Board and Community Entity includes the following steps:

Identify the Official Language Minority Community in the community within the homeless population targeted by Reaching Home (supported by data, where available);

Engage the Official Language Minority Community to ensure they are involved in the planning and implementation of the community's overall approach to homelessness;

Assess the specific needs of the Official Language Minority Community to determine the nature of homelessness services required to address those needs.

Requirement: when an Official Language Minority Community is identified and the assessment indicates additional and specific needs for that group, the community (Community Advisory Board and Community Entity) must have a plan in place to ensure these needs are appropriately addressed. The following principles will guide the development of a plan to address the Official Language Minority Community needs and ensure a minimum of substantive equality:

Formal equality: is achieved when members of the Official Language Minority Community and those of the majority community are treated the same way by providing identical services in English and French;

Substantive equality: is achieved by taking into consideration the specific needs of the minority community by providing activities or services with different content or using a different delivery method to ensure that the minority receives services of the same quality as the majority

Requirement: in accordance with the Community Entity funding agreement, the Community Entity is responsible for the following activities related to support for official languages (Schedule C, section 6, 6.1):

6.1 The Recipient shall:

make Project-related documentation and announcements available (for the public and prospective Project participants, if any) in both official languages;

actively offer Project-related services in both official languages;

encourage members of both official language communities to participate in the Project; and

provide its services, where appropriate, in such a manner as to address the needs of both official language communities

Note: the Community Entity (in other words, the Recipient) must ensure these criteria are considered in the planning and selection of sub-projects where Official Language Minority Communities have been identified.

Communities must have a plan in place to ensure that the mix of sub-projects they fund enables the community to provide service to the Official Language Minority Community that is of substantively equal quality to the service provided to the majority Official Language population.

The Community Entities should be able to demonstrate how the needs of both Official Language communities were considered in the development of the community plan (or annual community plan update) and the assessment and selection of projects funded under Reaching Home.

In the event where the Community Entities initial plan to meet the Official Language Minority Community requirements is not achieved, the Community Entity must have an alternate plan to demonstrate how the needs of the Official Language Minority Community will be met.

This can be accomplished in a variety of ways, for example:

in advance of a solicitation of proposals process, the Community advisory board/Community Entity can decide how the Official Language Minority Community needs will be incorporated into the project selection and/or assessment of proposals process;

through a partnership agreement between/amongst organizations;

through coordination of existing project-related services in the community that are already well-established and readily accessible.

The Community Advisory Board and Community Entity are encouraged to work with local Service Canada representatives in the application of this directive.

Footnotes

Footnote 1

From the National Housing Strategy – adapted from the Canadian Definition of Homelessness developed by the Canadian Observatory of Homelessness

Return to footnote 1 referrer

Footnote 2

Developed in consultation with the Homelessness Data Advisory Committee

Return to footnote 2 referrer

Footnote 3

Aboriginal Homelessness Steering Committee definition, 2019.

Return to footnote 3 referrer

Footnote 4

Changes would be included in periodic update(s) of the Directives.

Return to footnote 4 referrer

Footnote 5

Please note that there may be cases where activities eligible under Reaching Home may also be funded by the provincial or territorial government or the municipality. If these activities are already being supported through another source of funding, Community Entities and Community advisory boards should direct Reaching Home funds to complement these investments and avoid duplication of existing programming to the extent possible.

Return to footnote 5 referrer

Footnote 6

Transitional housing may be an appropriate option for those in need of structure, support and skill development to move from homelessness to housing stability.

Return to footnote 6 referrer

Footnote 7

In Ontario, regulation allows for 4-year transitional housing tenancies. Indigenous communities do not enforce a time limit for stays in transitional housing. Will be at the discretion of the community to establish parameters around time limits on transitional housing.

Return to footnote 7 referrer

Footnote 8

Approaches to housing placement can include Housing First and Rapid Rehousing (targeted and time-limited financial assistance, system navigation, and support services to individuals and families experiencing homelessness in order to facilitate their quick exit from shelter).

Return to footnote 8 referrer

Footnote 9

As outlined on the COH's Homeless Hub, discharge planning includes preparing someone to live independently or with certain supports in a non-institutional setting. For someone who has become 'institutionalized' after a long period of residential living they may be unprepared to cope with the independence they now face. They also need supports to develop their post-

institutional plan including housing options, medical/psychiatric supports, counselling, identification, financial assistance/employment, education, etc.

Return to footnote 9 referrer

Footnote 10

Will be at the discretion of the community to establish parameters around time limits. A scan of existing homelessness prevention initiatives found that the length of time for financial benefits ranged from 3 to 24 months. As well, while some financial benefits were provided monthly others were provided as a one-time payment.

Return to footnote 10 referrer

Footnote 11

See pages 18 to 19 for information on requirements related to capital projects.

Return to footnote 11 referrer

Footnote 12

Replaced the Investments in Affordable Housing Initiative

Return to footnote 12 referrer

Footnote 13

Exclusions on capital do not apply as modern treaty holders eligible for Reaching Home funding may also have authority for housing under agreements defining nation-to-nation or Inuit to Crown relationships.

Return to footnote 13 referrer

Footnote 14

The eligible and ineligible activities and costs outlined under "Coordination of Services and Data Collection" apply to sub-projects under the regional funding streams as well as to funding provided under the nationally delivered Community Capacity and Innovation stream.

Return to footnote 14 referrer

Footnote 15

A separate directive on coordinated access is presented below.

Return to footnote 15 referrer

Footnote 16

Pending the outcomes of discussions with community organizations, exceptions may be granted if there remains an inability to address issues related to cultural appropriateness for Indigenous clients.

Return to footnote 16 referrer

Footnote 17

While the shift to working towards community-level outcomes is only required in Designated Communities, all regional funding streams recipients (for example Designated Communities, Indigenous Homelessness, Territorial Homelessness and Rural and Remote Homelessness streams) are required to report on sub-projects funded by Reaching Home.

Return to footnote 17 referrer

Footnote 18

Does not include Indigenous Community Entities that may receive a portion of the Designated Community funding stream or those who receive their full funding amount under the Indigenous Homelessness funding stream.

Return to footnote 18 referrer

Footnote 19

Taken from, National Alliance to End Homelessness. Closing the Front Door: Creating a Successful Diversion Program for Homeless Families.

Return to footnote 19 referrer

Footnote 20

Taken from, Canadian Alliance to End Homelessness, Backgrounder: Information on Common Assessment Tools

Return to footnote 20 referrer

Footnote 21

Exclusions on capital do not apply as modern treaty holders eligible for Reaching Home funding may also have authority for housing under agreements defining nation-to-nation or Inuit to Crown relationships.

Return to footnote 21 referrer

Footnote 22

The Reaching Home Sustainability Checklist and Guide for Applicants of Capital Investment Projects and the accompanying Reaching Home Tool to Assist in Developing a Capital Project

have been developed to assist applicants. Both are available through your Service Canada representative.

Return to footnote 22 referrer

Footnote 23

While there is no official definition for an Official Language Minority Community, it is commonly recognized as a term that designates a population group of varying sizes that live and express themselves in an official language other than that which is of primary use in the province.

Return to footnote 23 referrer

Footnote 24

The definition of "significant demand" is found in Official Languages (Communications with and Services to the Public) Regulations

Return to footnote 24 referrer

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