

Last Update: March 14, 2022
Approval Date: April 20, 2022

Prioritization Policy and Protocol

Policy Statement

This policy and protocol details guidelines and best practices for prioritization within City-funded homeless as informed by the Coalition of Hamilton Indigenous Leadership and community partners.

This policy will clarify the criteria and process for prioritizing housing resources within the homeless serving sector according to federal and provincial funding requirements, best practices, and Hamilton's local context.

Purpose

The Community Entity (CE), City of Hamilton, is required by the federal Reaching Home program to establish prioritization criteria for each intervention. It is recommended that particular attention be paid to the prioritization of chronically homeless individuals, as well as those who identify as Indigenous, women, seniors, and youth. The CE endorses and embraces this recommendation.

The CE has adopted a universal service management approach to prioritize housing resources based on the unique needs of individuals and families. This means referrals to homelessness programs can be adapted based on evolving community need.

Indigenous Prioritization

Indigenous identifying clients choosing to access mainstream services will be prioritized first. Those identifying as Indigenous are not required to use mainstream triage and assessment tools in order to receive services. An alternative Indigenous Common Assessment Tool will be offered as an option to Indigenous clients. Indigenous clients' names are not required to appear on the By-Name List (BNL). Progressive engagement to obtain consent should be conducted according to agency practice in a way that is culturally considerate and respects individual autonomy.

Indigenous clients do not need to choose one program in either the non-Indigenous or Indigenous stream to support them. A combination of coordinated supports between the streams should be made available based on caseload capacity. If Indigenous clients being supported fully or partially by the non-

	<p>Indigenous service stream do not consent to completion of a triage tool and/or their data being stored in HIFIS, service providers are able to prioritize these clients directly to ensure all services remain accessible without penalty or consequence.</p> <p>The process of prioritizing Indigenous clients in the mainstream coordinated access system will be informed by the Coalition of Hamilton Indigenous Leadership. Corresponding updates to this policy will be issued as required.</p>
<p>Unsheltered Prioritization</p>	<p>A specialized review of unsheltered populations will take place bi-weekly, with one third of program resources prioritized for people experiencing unsheltered homelessness. VI-SPDATs completed by the Street Outreach team will be reviewed and cross-referenced with the By-Name Priority List (BNPL) to ensure those unsheltered are represented and prioritized according to their needs.</p>
<p>Rapid Rehousing (RRH), Transitional Living Program for Women (TLP), & Intensive Case Management (ICM) Prioritization Criteria</p>	<p>In Hamilton, the prioritization criteria are:</p> <ul style="list-style-type: none"> • Indigenous-Identifying Clients; • Chronicity/Episodic status; • Frequent Service Usage (defined by total bed night stays); • Acuity range as assessed by the common triage tool VI-SPDAT, full SPDAT (where applicable), or Indigenous Common Assessment; and, • Age (youth under 24 in ascending order and seniors 60+) <p>New prioritization criteria can be implemented based on emergent need or emergency response directives. The CE will approve criteria and update all relevant documents. Opportunities for community partners to recommend priority areas relevant to housing need (e.g. hidden homelessness or increase in pregnant women) will be ongoing and facilitated by Housing Services in coordination with other system tables and committees. Decision making processes will be outlined in Hamilton’s Coordinated Access Governance structure.</p>
<p>Urgent Health & Safety</p>	<p>Additional urgent health and safety needs will be considered:</p> <p>Health</p> <ul style="list-style-type: none"> ○ Severity (i.e. comorbidity) ○ Urgency (e.g. terminally ill, pregnant, etc.) <p>Safety</p> <ul style="list-style-type: none"> ○ Risk of exploitation

	<ul style="list-style-type: none"> ○ Heightened risk of abuse or trauma (experienced while homeless)
<p>Missing or Inaccurate Client Information</p>	<p>Indigenous clients who are not on the BNL but are experiencing homelessness and seeking support can be prioritized directly for mainstream supports.</p> <p>A program or agency can email the CE lead at homelesspolicyprograms@hamilton.ca with the subject line “Indigenous prioritization”. Details must include client name, identification of current supports being received (i.e. agency and program name, worker etc.) and a brief summary of how the client could benefit from program supports (this would ideally be supported by a conversation guided by the Indigenous Common Assessment).</p> <p>Non-Indigenous clients who have been found to have inaccurate or missing information should have their information first corrected by an authorized user in HIFIS. With updated accurate information, the client will be automatically added to the BNL though may or may not immediately come up on the BNPL based on the community criteria. Regardless of whether clients are prioritized for program supports through the BNPL, all clients will continue to be supported through frontline resources and connected with relevant community services while on the BNL.</p>
<p>Review Process & Assessment Criteria</p>	<p>The CE is responsible and accountable for managing all additional referrals put forward for prioritization. The process by which that review is conducted is as follows:</p> <p>A program or agency that identifies a client who meets these urgent health and safety criteria and wish to recommend immediate prioritization to the CE must email homelesspolicyprograms@hamilton.ca with the subject line “prioritization request”.</p> <p>Details must include a rationale regarding how the client’s needs meet urgent and/or severe health and safety considerations. Requests will be reviewed and evaluated from the perspective of housing as a resolution to immediate health and safety needs.</p> <p>Recommendation reviewed by Coordinated Access Leads and decision made to include recommendation to BNPL if one of the following conditions are met:</p>

	<ul style="list-style-type: none"> • Client meets prioritization criteria but was unknown to the system (e.g. experiencing hidden or unsheltered homelessness, new to Hamilton, discharged from healthcare, child welfare or justice system etc.). • Client meets prioritization criteria but HIFIS details are inaccurate or incomplete, leading to inadvertent exclusion from the BNPL. • Client has clear immediate health and/or safety needs that would be alleviated through rapid access to a Coordinated Access resource. <p>Recommendation reviewed by the Coordinated Access Senior Project Manager and Policy lead with final review by the Manager of Homeless Policy and Programs team.</p> <p>Determination for Indigenous Clients</p> <p>All Indigenous identifying clients meet the Indigenous definition of homelessness. Any Indigenous clients put forward will be prioritized in accordance with best practice as determined in collaboration with CHIL.</p>
Applicability	<p>This policy applies to all City-funded homelessness programs and all staff members contracted there within to provide related coordinated access services.</p>
Definitions	<ul style="list-style-type: none"> • By-Name List: a real-time list of all known people experiencing homelessness in the community who have provided consent. This real-time actionable data supports triage to services, system performance evaluation, and advocacy for the policies and resources necessary to end homelessness. • By-Name Priority List: Identifies individuals who meet prioritization criteria to connect them with housing and supports first. • Community Entity: lead decision-making body that coordinates efforts to achieve federal, provincial, and local outcomes. • HIFIS: Homeless Individuals and Families Information System (HIFIS) is a web-enabled Homelessness Management Information System (HMIS) that allows multiple service providers to implement coordinated access using real-time information about people experiencing homelessness and the resources they need to find and keep a home.

	<ul style="list-style-type: none"> • Prioritization: the action or process of deciding the relative importance or urgency. • Universal Service Management Model: co-occurring variables can be considered to customize and match resources (e.g. acuity and frequency of use etc.) • Urgency: importance requiring immediate action; safety risks, terminal illness, pregnancy
<p>Responsibilities</p>	<p><u>Community Entity (CE)</u></p> <p>The responsibility of the Community Entity (CE) is to oversee the development, implementation and monitoring of a Coordinated Access system to achieve specific outcomes related to reducing, and eventually eliminating, the experience of homelessness in our community.</p> <p>The City of Hamilton prioritizes collaborative work with the Indigenous Community Entity for the Reaching Home Indigenous Funding Stream in all areas of Coordinated Access planning, strategy, and service delivery to develop connections to housing and supports for Indigenous peoples that are culturally appropriate and rooted in the spirit and actions of reconciliation that recognize the values of autonomy and self-determination.</p> <p>Management of the By-Name List (BNL) is the responsibility of the CE. The CE filters the BNL based on the established criteria to produce the By-Name Priority List. This list is sent to City-funded programs to connect with clients in descending chronological order. Funded programs are sent the BNPL on a biweekly basis. The CE is required to provide timely responses to referrals made under Urgent Health and Safety considerations listed above.</p> <p><u>Agency</u></p> <p>It is the responsibility of respective agencies to:</p> <ul style="list-style-type: none"> • Ensure all referrals to ICM, RRH, and Transitional Housing Programs are drawn from the BNPL • Ensure recommendations for prioritization based on urgent health and safety needs are made in alignment with criteria above • Attempt to connect for at least 30 days with all clients referred through the BNPL

	<ul style="list-style-type: none"> • Make clients aware of their options, clarify their expectations, and ensure accurate completion of Common Assessment to support triage and potential referral through the BNPL • Support all clients in identifying and achieving housing goals by facilitating connections to community resources, financial supports, and housing listings. <p>Agency staff are responsible for creating a housing placement module in HIFIS when a client has been picked up by a Housing program. All subsequent housing information will continue to be documented there.</p>
<p>Accountability</p>	<p><u>Community Entity (City of Hamilton)</u></p> <p>The CE is accountable for the creation of Coordinated Access policies and standards, processes for monitoring prioritization and referrals, as well as generating a BNPL bi-weekly to share with agency partners. The CE is responsible for receiving prioritization requests and disputes, including convening resolution efforts.</p> <p>Outcomes related to timely referrals of priority populations will be analyzed and reported by the CE to the federal government, City Council and general public and will be regularly reviewed with system partners.</p> <p><u>Agency</u></p> <p>Ensure that all referrals to ICM, RRH, and Transitional Housing programs within the Coordinated Access System are drawn from the BNPL. It is important to ensure that clients are engaged once referred to a program in order to honour client choice and preference. Case managers work with clients to ensure right-matching to housing and broader community supports to reduce the likelihood of recidivism.</p>
<p>Related Documents</p>	<ul style="list-style-type: none"> • Hamilton’s Coordinated Access Guidelines • Hamilton’s Systems Planning Framework • Coordinated Access Policies • Revisioning Coordinated Access: <i>Fostering Indigenous Best Practices Towards a Wholistic Systems Approach to Homelessness</i> • Urban Indigenous Strategy • Hamilton’s Housing and Homelessness Action Plan

APPENDIX A

Prioritization Matrix

Preceding Order	Urgent Health & Safety	Indigenous	Acuity Descending (low, mid, high)	Chronicity*	Frequent Service Usage***
1 ST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> **	<input type="checkbox"/>	<input type="checkbox"/> ***
2 ND	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3 RD	<input type="checkbox"/>	<input type="checkbox"/>			

*Chronicity refers to duration of homelessness. An individual is considered to be experiencing chronic homelessness if they have been homeless for 6 months (180 days) or more over the past year or have had recurrent experiences of homelessness over the past 3 years, with a cumulative duration of at least 18 months (546 days).

** CHIL has informed the priority of Indigenous people, seniors 60+ and youth, they and are currently working through prioritization criteria and processes within the Indigenous community. All Indigenous people are considered chronically homeless, and do not have to complete a VI-SPDAT or Common Assessment tool but are included in the prioritization lists if consent is in place.

*** Frequent Service Usage is currently defined as total bed night stays