The Homelessness Information Partnership Saint John (HIPSJ)

COORDINATED ACCESS PROCESS GUIDE

VERSION 5.0 (LAST UPDATE: AUGUST, 2025)

Contents

Updates

Section(s)	Date	Person Updating
Purpose and Principles of BNL; Common Assessment and Prioritization; Housing Program Eligibility, Matching, and Referral; Appendices; Table of Contents	June 21, 2023	Em Blanchet
Veteran Homelessness; Unsheltered Outreach Coverage; Inactivity; Dispute Resolution; HIPSJ Governance Committee TORs	June 29, 2023	Em Blanchet
Access to BNL (updated to reflect HIPSJ membership)	October 19, 2023	Lee Penney
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Process Guide update to reflect changes to CA w/ HIFIS merge; included updated HA+ Policy; included updated Process Exemption form; added Prioritization Process with updated Priority weighting; added updated Matching and Referral Process; added CA List Intake Process; included updated Inactivity Policy; added updated HIPSJ Governance Committee Voting Policy; included updated HIPSJ Confidentiality Statement; included updated CA/HIFIS Client Consent form; included updated SJ Reaching Home Governance flowchart;	Jan-April 2025	Em Blanchet

included Client Intake and update infographic for SPs without HIFIS access; revised Common Assessment section; included Reaching Home Community Outcomes; removed Survey Monkey link; included Consent under Eligibility; updated Access Points; updated Identifying a Veteran section.		
Coordinated Access Client Profile Template added as an appendix; updated the HIPSJ Case Conferencing; updated Access Points; included Coordinated Access: Principles of Engagement; updated Acknowledgements under Common Assessment;	May 2025	Nihan Kirazli
Updated the HIPSJ Case Conferencing section, expanded the Acknowledgements section, added links to the interactive flowcharts for: CA & HIFIS Client Intake – HIFIS Users and CA & HIFIS Client Intake – Non-HIFIS Users (Also included as appendices), revised the Common Assessment section for improved readability, added a training link to Saint John's CAS: Priority Point Calculator tool, added a new section for the CA Gaps in Services Report Form, included the form and its Statement of Purpose as appendices, updated the "Keeping Clients Active on HIFIS" infographic, added a flowchart outlining Saint John's Prioritization Process.	July-August 2025	Nihan Kirazli

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We begin by acknowledging and extending our deepest gratitude to the individuals and families who have experienced homelessness in our community. Your lived experiences, your courage, and your trust in our systems, often after years of being failed by them, have profoundly shaped how we understand what is needed. This Guide is for you, and because of you. You continue to teach us that every policy must be grounded in dignity, every system must be responsive to trauma, and every interaction must hold space for healing.

We also recognize and honour the tireless contributions of frontline workers, outreach teams, case managers, and peer support staff who walk alongside people each day with persistence and care. Your insights and advocacy have helped refine and humanize the processes described in this Guide.

We thank the members of the Homelessness Information Partnership Saint John (HIPSJ), the Community Council on Homelessness (CCH), and the Built for Zero Canada team for their leadership and unwavering commitment to improving outcomes for those experiencing homelessness. We sincerely thank all past and present members of the HIPSJ group, including HIPSJ leadership and the various working groups, for their dedicated time, effort, and collaboration on the many tasks and initiatives that have shaped the Coordinated Access System in Saint John over the years.

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May this Guide reflect our shared responsibility to build systems that are safe, accountable, and deeply rooted in the values of respect, trust, equity, and belonging.

1. Introduction

In April 2019, the Canadian Federal Government launched Reaching Home, a re-designed homelessness reduction strategy requiring communities funded through certain streams of the program to implement a Coordinated Access system (*Appendix A*). A Coordinated Access system is designed to ensure that people experiencing homelessness receive equitable, efficient access to services and are prioritized for available housing resources based on their needs and eligibility. The Homelessness Information Partnership Saint John (HIPSJ) exists to provide oversight and support the implementation of this system in Saint John.

Saint John's Coordinated Access List, formerly the "By-Name List (BNL)", is a centralized list of all consenting individuals experiencing homelessness in the community and a key component of Coordinated Access. With improved coordination and streamlined intake practices, and this List at the system's core, the intent is for people to be able to access appropriate supports and services more quickly.

This guide serves as the governing document describing Saint John's Coordinated Access processes and policies. The Guide covers…

- An overview of system governance;
- HIFIS and Coordinated Access, and the relationship between them;
- Guiding principles of Coordinated Access;
- Coordinated Access List and Intakes;
- List of Community Access Points;
- Processes for matching individuals to housing resources;
- Additional processes or policies.

2. Background

Driven by the need to implement Coordinated Access in Saint John, a pilot project was born out of a collective effort between the City's emergency shelters and other community partners with programs dedicated to supporting individuals experiencing homelessness. This group implemented a strategic approach to end homelessness in the city, constructing a By-Name List to capture real-time data on individuals experiencing homelessness, and requested Rent Supplements from the Province of New Brunswick (the Department of Social Development, at the time) who agreed to provide 15 Rent Supplements which were then used to house people on the By-Name List.

3. Governance Structure

Reaching Home directives for Coordinated Access System implementation provided by Housing, Infrastructure, and Communities Canada (HICC) vary in their application in Designated Communities across the nation. To understand how Coordinated Access functions and is implemented in Saint John, understanding its governance structure is key (*Appendix B*).

Federal Programming

Designated Communities receiving Reaching Home funding to implement a Coordinated Access System receive guidance and directives on homelessness reduction strategies. Saint John's Reaching Home funding requires the community to utilize an Outcomes-Based Approach, wherein measurable targets and outcomes are identified and reported on annually (Appendix C). These five core community-level outcomes as outlined in Reaching Home directives are reductions in…

- new inflow to homelessness;
- returns to homelessness;
- Indigenous homelessness;
- chronic homelessness;
- and homelessness overall.

Communities may identify additional priority areas for reduction efforts. Community-level guidance for the implementation of Coordinated Access is facilitated by the Community Entity. Designated Communities work to meet Minimum Requirements as set out in the Reaching Home Directives (2024) to continue to qualify for funding resources. For more on Reaching Home Directives and Requirements, visit: https://www.infrastructure.gc.ca/homelessness-sans-abri/directives-eng.html

Community Entity

Each Designated Community must have a Community Entity to administer and facilitate the implementation of Reaching Home directives and funding. In New Brunswick, the Human Development Council (HDC) is the designated urban Community Entity for the geographical cities of Saint John, Moncton, Fredericton, and Bathurst. In this role the HDC works with Community Advisory Boards to develop community plans for homelessness reduction and to set funding priorities. The HDC also provides backbone support for implementation of the Coordinated Access system in each community through Coordinated Access Facilitators and HIFIS support.

Coordinated Access systems are required to use a Homelessness Management Information System (HMIS), such as the federal government's Homeless Individuals and Families Information System (HIFIS), to manage and store individual-level client information and data. As the Community Entity the HDC oversees the administration of HIFIS and hosts a coordinated team of staff to manage HIFIS use and the other components of Coordinated Access in each community. For more information about the HDC, visit: https://sjhdc.ca/

Community Advisory Board

The Community Council on Homelessness (CCH) is made up of representatives of stakeholders in the Saint John area who have the shared goal of strengthening the community's capacity to reduce and end homelessness in the city. The CCH functions as Saint John's Community Advisory Board (CAB) and mutually supports the Community Entity. As a CAB, the CCH is expected to coordinate efforts to address homelessness by utilizing the knowledge base of members to inform priorities, action data, develop and strengthen community partnerships, and propose projects to be funded through Reaching Home.

The CCH represents executive leadership, government stakeholders, and community leaders who, in some capacity, serve or engage with those experiencing homelessness. Meetings are hosted every two months on the last Wednesday of the month. The Project Evaluation and Review (PEAR) committee reviews and evaluates project proposals submitted under Reaching Home calls for funding. The committee assesses eligibility, project viability, alignment with national and local priorities, and makes final funding recommendations to the Community Entity and CCH. (*Appendix B*)

HIPSJ Governance Committee

The Homelessness Information Partnership Saint John (HIPSJ) Governance Committee is a group of representatives of service providers who meet monthly and have a shared goal of reducing homelessness in Saint John. Members of the Committee operate under a common objective: service provision for individuals experiencing homelessness achieved primarily through data sharing and streamlining services under Coordinated Access. As a governance body, the Committee discusses and makes pertinent decisions related to Coordinated Access and HIFIS process and policy in Saint John. Meetings are intended to foster collaboration and improve communication between homeless-serving agencies and other service providers who encounter those experiencing homelessness and/or housing instability. HIPSJ determines Coordinated Access policy changes or adjustments to process, as well as system updates and projects, which are then communicated to the CCH for their understanding and feedback.

To hold membership at the HIPSJ an agency submits either a HIPSJ Governance Committee General Membership Application *(Appendix D)* or Voting Membership Application (*Appendix E)* for Committee review and/or approval. The HIPSJ Terms of Reference (*Appendix F)* and Voting Policy (*Appendix G*) outlines the Committee's governance practices and decision-making protocols. Each agency who holds membership assigns a designated representative to attend Committee meetings. Individuals participating in either HIPSJ meetings or sub-committee meetings such as Case Conferencing are required to sign and submit to the Coordinated Access Facilitator a Homelessness Information Partnership Saint John Confidentiality Statement (*Appendix H)*, and guests (including presenters or students) may be asked to sign either a Confidentiality Statement or Limited Confidentiality *(Appendix V)*.

HIPSJ Case Conferencing

Case Conferencing meetings are hosted to review and case-plan for consenting individuals and families who are at imminent risk of or experiencing homelessness. At these meetings, staff of agencies represented at the HIPSJ work together to share information, expertise, and identify action steps in case planning for clientele who may be assessed as having complex needs. While housing barriers may be addressed at these meetings it is important to understand that this body is not a referral destination for the Coordinated Access List, nor does it have its own dedicated housing resources—those are overseen by the HIPSJ Governance Committee. Case Conferencing should be used as a supportive space for staff working with individuals in the community to share information, explore creative solutions, and learn from one another. The purpose is to help remove barriers and support individuals in working toward their personal goals, which may include accessing housing, improving well-being, or connecting to other resources.

Case Conferencing is supported by the Coordinated Access Facilitator (CAF) and in Saint John is hosted bi-weekly. Agency staff make submissions for Case Conferencing discussion to the CAF via email. These details provide a brief but essential overview of a client and their case. Agency staff are encouraged to complete the Coordinated Access Client Profile Template (Appendix X) when submitting client cases to the CAF. This ensures all necessary information is captured for case conferencing discussions.

Clients identified for discussion must have a signed CA/HIFIS Client Consent Form (Appendix I). Referring staff should also be prepared to attend the meeting and share relevant information about the case or specific requests.

Discussions around program participants are action-oriented and maintain the following structure to maximize efficiency: Issue, Possible Solution, Action, Responsibility. Meeting agendas may include:

- Presentation of any updates from HIPSJ relevant to Case Conferencing;
- Recent move or eviction updates;
- Discussion around how to best support individuals in the community who have high needs;
- Discussion and information-sharing about high priority individuals who may be missing information necessary to receive an offer of housing; and/or,
- Discussion and collaborative problem-solving for individuals who have signed a CA/HIFIS Client Consent Form and who may be diverted from homelessness, are housed but require support, or need additional community resources.

HIPSJ Governance Committee member agencies, in addition to referring agencies and community partners, may coordinate and strategize outreach and safety plans with those who are experiencing homelessness who are particularly at risk; safety planning and coordination of support for these individuals can often occur at Case Conferencing.

Any suggested changes to Coordinated Access process or policy that arise during or as a result of Case Conferencing discussions are brought to the HIPSJ for approval either through consensus or a vote.

HIPSJ and Case Conferencing meetings promote effective, respectful, and client-centered collaboration within the Coordinated Access system in Saint John. This work is guided by the Principles of Engagement, which reflect a shared commitment to transparency, compassion, and accountability. Grounded in equity and dignity, these principles aim to ensure that our collective efforts are inclusive, coordinated, and built on meaningful partnerships.

For more information, please refer to the Coordinated Access: Principles of Engagement document in Appendix W.

4. Coordinated Access

Coordinated Access (CA) requires a community-wide approach to build a coordinated response to homelessness. By emphasizing intentional allocation of housing and supports, Coordinated Access can yield improved outcomes, such as increasing “outflow” and decreasing “inflow” or returns to homelessness. Saint John has adopted a Coordinated Access system (CAS) as a strategy to reduce and end homelessness in the city and which includes the following components:

- Homeless Management Information System (HMIS): Reaching Home requires that Coordinated Access systems use one HMIS to store and manage community data. In Saint John this is the Homeless Individuals and Families Information System (HIFIS) (See section 5 for details). HIFIS aids with the collection of person-centred and aggregate data to assist with matching and referral to housing, advocacy, reporting, and which supports the operational activities of homelessness service providers.

- Coordinated Access List (CA List): A real-time list of all consenting people known to be experiencing homelessness in Saint John. Individuals on the CA List experiencing active homelessness are prioritized based on their level of need and risk for available housing resources dedicated to resolving homelessness. The CA List is generated and managed through HIFIS.

- Community Access Points: Community Access Points are those agencies which have regular contact with people who are experiencing homelessness or housing instability. These Access Points are entry points to the Coordinated Access system where trained staff add/refer individuals and families to HIFIS and the CA List.

- Common Intake: The community utilizes a common intake procedure which includes a CA/HIFIS Client Consent form, client entry in HIFIS or Survey Monkey intake where appropriate, and a common assessment tool (VI-SPDAT or SPDAT).

- Access to Housing and Supports: Agencies may operate dedicated housing resources for individuals and families who are connected to the CAS and they, along with other partner agencies, prioritize individuals on the CA List based on level of need and locally identified priorities, and pair them with appropriate housing and supports.

Principles

Coordinated Access is grounded in the principles of Housing First: a recovery-oriented approach to ending homelessness that centres on quickly moving people experiencing homelessness into independent and permanent housing and then providing additional support and services as needed. The five core principles of Housing First are as follows:

1. Immediate access to permanent housing with no intrinsic or "housing readiness" requirements;
2. Consumer choice and self-determination;
3. Recovery-oriented;
4. Individualized and client-driven supports; and
5. Social and community integration.

Note that while these are best practices which the HIPSJ and Coordinated Access system seeks to carry out through its operations, the HIPSJ acknowledges that where housing resources are limited, so is the ability to always provide broad options for consumer choice and self-determination. It is the community's hope that through advocacy and community development, this will become a reality. It is also important to note that while Coordinated Access may be grounded in these principles, not all service providers engaging in Coordinated Access operate Housing First programming.

For more information on Housing First, please visit the Housing First Toolkit developed by the Canadian Alliance to End Homelessness at https://housingfirsttoolkit.ca/.

Reaching Home Community Outcomes: Chronicity

One goal of the Coordinated Access system is to strive toward the five core community outcomes (*Section 2).* In Saint John, the CA List is utilized to target resources to those most vulnerable, and therefore highest in priority, including those facing multiple risk factors and experiencing chronic homelessness.

According to Reaching Home: Canada's Homelessness Strategy, chronic homelessness 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).

Measurement of chronicity does not include instances where individuals have had access to secure, permanent housing, transitional housing, or time spent in public institutions such as hospitals or correctional facilities. Individuals who are discharged into homelessness from public institutions can be considered chronically homeless if they were experiencing chronic homelessness upon entry into the public institution, however their chronic status may lapse while in a public institution or transitional housing based on the criteria listed above (Reaching Home, 2024). The HIPSJ is committed to ending chronic homelessness as this is the first step in addressing all homelessness in the city and has been identified as a priority area.

5. Homeless Individuals and Families Information System (HIFIS)

The Homeless Individuals and Families Information System (HIFIS) is a Homelessness Management Information System developed by the federal government (Housing, Infrastructure, and Communities Canada—HICC) to support the operational activities of homelessness service providers. The database and CA List generated from it are used as tools to support the goals of the community's Coordinated Access system (CAS) and Outcomes-Based Approach. HIFIS allows for the tracking and sharing of pertinent data points relating to individuals' housing status and needs in real-time, with the hope that participating service providers can serve individuals more effectively and efficiently. The database and its use in Saint John are managed by the Human Development Council (HDC) as the Designated Community Entity. Every agency with HIFIS access enters into and signs a Data Sharing Agreement with the HDC.

With HIFIS now being the sole homelessness data information system used for Coordinated Access in Saint John, the CAS can focus on improving its collection of quality client-centered data which may be used to inform understanding of the experience of homelessness in the city as well as CA activities, goals, and priorities. In addition to allowing service providers using HIFIS to generate reports specific to their own programs and clientele served, HIFIS supports tracking and reporting on the five core community outcomes to HICC (*Appendix C*).

The Coordinated Access system uses the Coordinated Access List and Priority Lists generated through HIFIS. All individuals on said lists must have provided informed consent to be in HIFIS.

- The Coordinated Access (CA) List is a list of all individuals experiencing homelessness in Saint John who are actively engaged with the CAS (See the Keeping Clients Active on HIFIS Infographic-Appendix K). This list can be used to help the HIPSJ and CAS address gaps in person-specific information (i.e. document readiness, housing needs, demographics, etc.) and identify possible systemic barriers to housing or bottlenecks in the system.

- Priority Lists are simplified versions of the CA List used to identify individuals that are eligible for an offer of housing when all necessary documentation has been acquired and recorded in HIFIS. These lists are filtered and organized based on housing unit or program eligibility and specifications, as well as on the HIPSJ Prioritization Process. These lists can be used to match individuals to available housing resources such as subsidized units, housing case management support, supportive housing, and transitional housing.

If Service providers are HIFIS users they can complete a CA List "intake" by creating a client profile which adds individuals to the List directly (Appendix O). When a client profile is created, service providers record information related to the individuals' experience of homelessness and housing (known as "Housing History"). Additional information relating to housing preferences, Document Readiness status, health considerations, current sleeping arrangements, and so on, can be stored in HIFIS. Regular updates are important for maintaining an individuals' activity in HIFIS and on the CA List. For more information on HIFIS processes and for training resources, visit: https://sjhdc.ca/saint-john-document-portal/

Each Service Provider must ensure data entry is completed in a timely manner, with no more than a one-week delay. Emergency Shelters, including Winter Response Shelters, are required to enter admission data within a 24-hour period. (CAS&HIFIS 4.0 - DSA,June 2025)

Service providers can make inquiries or submit requests to use HIFIS by contacting the Support team email, HIFIS@sjhdc.ca. Following the inquiry, the Human Development Council will initiate discussions with the agency to assess whether access/use is appropriate or to explore other possible options. All agencies using HIFIS must participate in HIFIS training relevant to their programming.

Service providers have modified access to HIFIS depending on the organization's mandate and extent of homelessness service delivery. These User Rights will be outlined in their Data Sharing Agreements. Service providers can utilize HIFIS to track and store information to assist with internal organizational procedures and reporting, as well as recording case management, diversion, and prevention for those at risk of or experiencing homelessness. HIFIS use is monitored by the HIFIS Support team and audits are conducted regularly to ensure protection and security of client information. All clients created in HIFIS are automatically assigned a HIFIS file number which is used to anonymize data reporting. Service providers are expected to only access HIFIS information of those individuals whom they actively serve.

Tracking Inflow and Outflow

HIFIS is an essential tool for tracking homeless “inflow” and “outflow”. Inflow represents the number of individuals that have been newly identified as homeless, returned from a housing placement, or returned from inactive status. Outflow reflects the number of individuals whose status has changed from homeless to housed, transitional, institutionalized, or inactive. This includes those who have moved into permanent housing, transitional housing, or public institutions, as well as those who have become inactive (e.g., left the community, lost contact, or had no services recorded in HIFIS for 90+ days). Saint John’s inactivity policy (*Appendix J*) outlines the conditions that must be met for an individual to be indicated as “inactive” in HIFIS. This allows the CA List and therefore priority lists to be real-time and accurate, and for the matching and housing support process to be completed as quickly as possible. Without an inactivity policy the CAS can experience delays in its referral procedures due to the time spent searching for households in the community who agencies have not been able to reach through multiple attempts, often for many months. Agencies with HIFIS access can use services noted in the *Keeping Clients Active on HIFIS* infographic (*Appendix K)* to refresh a client’s activity on HIFIS. Agencies without HIFIS access can inform the Coordinated Access Facilitator of recent interactions and the CAF will update the client’s HIFIS file.

6. Coordinated Access List

The Coordinated Access (CA) List, formerly known as the By-Name List and sometimes referred to as the Unique Identifier List, is a list of consenting individuals in the community that are experiencing homelessness. Individuals added to the CA List are prioritized based on their level of need and risk for available, dedicated housing resources. Client-specific information relating to housing needs and Document Readiness is recorded in HIFIS by service providers. Real-time data is then used to support referrals, strategically prioritize those who are known to be most in need for the limited housing resources available and identify gaps in service and information to be addressed by the homelessness response system.

The information stored in the CA List serves the following purposes in supporting the Coordinated Access system:

1. To know people experiencing homelessness by name and to understand their housing and support needs;
2. To equitably prioritize resources based on level of vulnerability;
3. To inform continuous improvement and to understand gaps and system pressure points;
4. To clearly demonstrate what resources are needed in order to reduce/address homelessness in the community.

Coordinated Access List Eligibility

Homelessness is defined by Reaching Home as, “the situation of an individual or family who does not have a permanent address or residence, and does not have the immediate prospect, means, and ability of acquiring it. More specifically, homeless episodes can include time spent: in emergency shelters…; unsheltered locations or places not intended for human habitation [i.e. sleeping rough]; staying temporarily with others…without guarantee of continued residency (“couch surfing”); or, in short-term rentals with no security of tenure [i.e. motels/hotels]...” Individuals must meet this definition to be eligible for the Coordinated Access List and dedicated resources.

Individuals who are housed but at risk of homelessness are best served through homelessness Prevention services who will only refer an individual to the Coordinated Access List and homelessness programming after possible prevention measures have been explored or attempted without success.

Similarly, those who are newly experiencing homelessness are best served by homelessness Diversion programming. These programs support early homelessness intervention, exploring and connecting individuals with alternate safe and appropriate options such as natural supports or applicable housing or income benefits prior to referring them to the Coordinated Access List and its dedicated resources. Diversion programs can also intervene prior to the discharge of those who are in Transitional Housing or Public Institutions (hospitals, corrections, treatment, etc.) with an approaching exit date and no permanent address to return to. If Diversion efforts prior to discharge are unsuccessful, individuals may be eligible for a Process Exemption (*Appendix L*). Through a Process Exemption, those typically ineligible for the Coordinated Access List due to their “Temporarily Housed” status can be considered for inclusion based on conditions agreed upon by the HIPSJ.

Eligibility for the CA List is determined after confirming that an individual…

1) **Is currently experiencing homelessness;**

    a. The situation of an individual or family who does not have a permanent address or residence, and does not have the immediate prospect, means, and ability of acquiring it. It is often experienced as sleeping rough, staying in an emergency shelter, VAW shelter, emergency hotel/motel/hostel, or couch surfing. It does not include those who are *at risk* of homelessness.

2) **Is consenting;**

    a. Individuals must have provided informed consent for their information to be stored in HIFIS and on priority lists and shared with other agencies participating in the Coordinated Access system. To do this, the individual signs a CA/HIFIS Client Consent form which is then stored in HIFIS.

At no particular time shall a person be screened out of the CA List due to perceived barriers related to supports and services, including but not limited to: too little or no income, active or a history of substance use disorder, mental health issues, domestic violence history, disengagement with or disinterest in services, the type or extent of disability-related services or supports that are needed, history of evictions or poor credit, lease violations or history of not being a leaseholder, Indigenous status, sexual orientation, or criminal record.

Individuals must be authorized to enter and remain in Canada as a permanent or temporary resident under the Immigration and Refugee Protection Act, as a Canadian citizen under the Citizenship Act, or as a Registered Indian under the Indian Act. They should also possess Canadian government–issued identification.

Individuals without legal status in Canada may still receive assistance and services from agencies within the Coordinated Access system and beyond. However, they may be ineligible for housing offers through the CA List, as recipients of subsidized housing typically require Canadian government–issued identification or an accepted substitute document.

7. Access Points

Community Access Points are agency programs operating within the CA system which have regular contact with individuals who are at risk of or are experiencing homelessness and employ staff trained to assess individuals' and families' housing needs and barriers. At Access Points, intakes for the CA List can be completed for eligible individuals. Access Points may also assist with system navigation and referrals to other appropriate services in the community.

Agencies can fall into one or two categories: Primary and Secondary Access Points (*Appendix M*). Primary Access Points are agency programs that work primarily with individuals who are experiencing homelessness. Secondary Access Points are agency programs that indirectly work with and refer individuals experiencing homelessness to the Coordinated Access system. All Access Points are represented on the HIPSJ Governance Committee and typically engage in Case Conferencing where appropriate.

The list of Access Points is subject to change with emerging community needs and evolution of the Coordinated Access system. It is recommended that the initial access point to which an eligible individual presents completes their HIFIS/CA intake; however, if this is not possible due to extenuating circumstances, the individual should be directed or referred to another Primary Access Point for intake and a follow-up conducted at a later date. Other entities in Saint John who may engage with an individual experiencing homelessness are also encouraged to direct and/or refer them to an appropriate Primary Access Point.

8. Coordinated Access Intake

Client Consent

Whenever a profile is created for an individual in HIFIS using unique, identifying information (e.g. names and date of birth, personal documents or identification, etc.), the individual must have provided informed consent. Informed consent supports an ethical Coordinated Access system wherein a participant is aware of how their information is collected and used to support them in their experience of homelessness and toward housing. In Saint John, individuals are asked to sign the Coordinated Access/HIFIS Client Consent Form (*Appendix I*), a copy of which is uploaded as an attachment in their HIFIS Consent module.

In an effort to be proactive, the CA system strives to re-confirm consent for those that have re-entered the homelessness system or have experienced chronic homelessness for more than a year. By reconfirming, informed consent is maintained throughout an individual's experience of homelessness.

For an individual to be on the CA List and their housing plan reviewed, discussed, or considered to determine eligibility for available dedicated housing resources, informed consent is a requirement; however, individuals are not required to provide CA/HIFIS Client Consent to receive support and services in the community. When this consent is not provided, the individual may not be eligible for all housing resources dedicated to the Coordinated Access system. Coordinated Access relies on client engagement and interaction; however, when clients do not have the capacity to engage or are not ready to, and/or have not or are unable to sign the CA/HIFIS Client Consent form, community partners can continue to work with them to explore

housing options and assist with housing-related barriers in an appropriate capacity outside of Saint John's Coordinated Access system. This is considered Progressive Engagement.

There are instances where the process around consent may diverge from what is noted above, and HIFIS protocols may change. For questions about current Consent protocols, or for next steps when an individual does not wish to sign Consent or does not Consent to specific service providers accessing their information, staff can reach out to HIFIS Support (HIFIS@sjhdc.ca).

HIFIS and the Coordinated Access List

To be eligible for housing resources dedicated to the Coordinated Access system individuals must first be on the CA List hosted in HIFIS. Agencies with HIFIS-trained staff can directly add individuals to the CA List and Priority Lists when appropriate by following a series of steps to ensure the appropriate information is recorded on their HIFIS profile (*Appendix O.1)*. *Please visit the following link to access the interactive CA & HIFIS Client Intake Flowchart for HIFIS users:* CA & HIFIS Client Intake - HIFIS Users.

Agencies which do not have access to HIFIS are directed to complete a HIFIS Intake via Survey Monkey for their clients experiencing homelessness. Survey Monkey intakes are reviewed and a client file created by the Coordinated Access Facilitator within one week of their submission, with the CAF contacting the agency or staff who completed the intake for confirmation or additional questions. Procedures for service providers who do not have access to HIFIS are outlined in a Coordinated Access Intake and Update Procedure for Service Providers without HIFIS infographic (*Appendix O.2*). *Please visit the following link to access the interactive CA & HIFIS Client Intake Flowchart for Non HIFIS users*: CA & HIFIS Client Intake - Non HIFIS Users.

For individuals who have re-entered the CA system following a period of housing or inactivity, service providers can update their client file directly in HIFIS to reactivate them and ensure they are on the List. Agencies without access to HIFIS should communicate updates to the CA Facilitator to ensure all necessary information is captured in HIFIS for their clientele.

Information relating to an individual's Document Readiness status, Housing Needs, Housing History, and Case Management can be added to a client's HIFIS file in real-time by HIFIS users. Document Ready refers to the possession of all necessary items required to accept a housing offer and be eligible for Priority Lists. In Saint John, being "Document Ready" typically requires that an individual is in receipt of income (to pay rent).

Housing Needs (*Appendix* P) are the preferences or requirements an individual has for housing; such needs could include but are not limited to unit size/number of bedrooms required, accessibility considerations, household type (i.e. family, single, couple), pet-friendly options, housing support requirements, and so on. As support is ongoing and needs are subject to change, service providers update client files to reflect their current reality.

People who are added to the CA List are not guaranteed any specific support, program, service, or housing type, nor are timelines for housing offers ever certain. Service providers in the community continue to support and engage those added to the CA List until they are matched with appropriate resources and supports (e.g. a housing program to meet their needs). Both those who are ineligible for the CA List and those hoping to receive housing and/or housing support through the CAS can continue to receive services such as emergency shelters, drop-in centres, outreach, etc.

Common Assessment

Saint John has adopted the Service Prioritization Decision Assistance Tool (SPDAT) as the community's common assessment tool. The tool is used to determine acuity and obtain information on the type and intensity of supports required by an individual experiencing homelessness, and is ideally completed, at minimum, just prior to or immediately following an individual being housed to determine a housing case plan. The Vulnerability Index - Service Prioritization Decision Assistance Tool (VI-SPDAT), is used as a triage tool prior to completing the full SPDAT. The Transitional Age Youth Vulnerability Index Service Prioritization Decision Assistance Tool (TAY-VI-SPDAT) is also available for individuals aged 16-24.

A person's score on any of these tools indicates key areas where they may require support and the type of housing programs for which they may be eligible. Those who have not completed either a VI-SPDAT or full SPDAT will still be included on the CA List provided their HIFIS client file meets all the requirements as listed in HIPSJ Coordinated Access List HIFIS Intake Process-Appendix N. However, individuals with no upload in their HIFIS SPDAT module will not be included on Priority Lists for available housing resources. A person's score as a whole does not impact their prioritization, but certain responses can trigger priority point allotment (*Appendix Q.1*). *A Priority Point Calculator has been developed as part of Saint John's Coordinated Access system for training purposes that helps staff understand how different combinations of factors contribute to a client's priority score within the Coordinated Access system. Please access the tool here*: SJ's CAS: Priority Point Calculator

VI-SPDATS and SPDATs are entered securely into HIFIS where only score and date of completion is visible to other HIFIS users. Scoring can assist with understanding an individual's risk level throughout their homelessness experience and into stable housing with support. Using specific answers provided in the SPDAT module, HIFIS can also identify tri-morbidity. Tri-morbidity indicates that a person experiences challenges with mental health, physical health, and substance use concurrently. By using the common assessment tool to indicate tri-morbidity, the process of identifying this experience in individuals is standardized.

VI-SPDAT Acuity Ranges

A score on the VI-SPDAT or SPDAT determines acuity, which helps to inform the intensity of housing intervention or support required. While SPDAT scoring is different from that of the VI since it is a longer assessment, the acuity ranges are the same. If filtering a priority list for acuity (due to program eligibility) people are included on lists based on acuity range rather than specific scores, ensuring equity regardless of whether it was a VI-SPDAT or SPDAT that was most recently completed. Ranges are as follows.

- **Low Acuity (0-3)** – No formal housing intervention: Individuals who do not require intensive support but may still benefit from access to affordable housing, housing listings, and community-level resources to solve their own homelessness.

- **Mid Acuity (4-7)** – Rapid Re-Housing: Individuals or families with moderate health, mental health and/or behavioural health issues, but who are likely to be

able to achieve housing stability with medium to short term access to financial and/or support services.

- **High Acuity (8+)** – Permanent Supportive Housing: Individuals or families who need permanent housing with ongoing access to services and case management to remain stably housed.

Frequency of Administration

The full SPDAT (or VI-SPDAT) is completed with individuals and families who are connected to any housing or housing support programs and should be administered regularly in accordance with the developer OrgCode's recommendations as follows:

- At time of Coordinated Access Intake or as soon as possible thereafter;
- For individuals or families who remain on the Coordinated Access List for at least 90 days without housing;
- 30 days post move-in;
- Every 3 months following move-in unless no longer requiring supports.

Common Assessment Training

SPDATs and VI-SPDAT use will be regularly monitored and reviewed, and refresher training may be offered periodically for new and existing staff. For more information on how to access SPDAT training, service providers can contact the Coordinated Access Facilitator. VI-SPDAT training can be provided by staff who are familiar with administering the tool and both should be administered in a consistent manner across the CA system.

For more information on the full SPDAT (Service Prioritization Decision Assessment Tool), visit: https://www.orgcode.com/service-prioritization-decision-assistance-tool-on-demand-registration

Acknowledgements

It is important to note that the VI-SPDAT **is not and was never intended as an assessment tool and will no longer be updated by OrgCode past Version 3.** The HIPSJ recognizes that completion of assessment tools may not always be appropriate upon immediate entry into the CAS but will be completed at the earliest appropriate time to assess need and as a requirement of Document Readiness. Housing supports assigned to an individual are encouraged to complete a full SPDAT assessment with their service participant prior to/at the time of housing, and every three months thereafter, to help inform case planning. In addition to understanding the intensity of housing support required for an individual, a full SPDAT can give insight into specific areas in which the client may require increased support to maintain their housing.

Where the needs of those experiencing homelessness in the community have grown increasingly complex over the past few years, some Service Providers have expressed interest in adopting an alternative trauma-informed tool that will more accurately reflect individuals' housing (support) needs and personal strengths. Further research and testing are required to identify such an assessment; the Community Entity intends to support the community to this end by March 31, 2026.

9. Access to Housing and Supports

Prioritization

Individuals on the CA List are prioritized in consideration for available housing resources which can include housing case management, housing supplements/subsidies, and/or housing units. The community's Prioritization Process (*Appendix Q.1*) is reviewed annually at minimum by the HIPSJ Governance Committee, and any changes are agreed upon by the Committee unanimously or through a vote. Basic eligibility for a Priority List requires that an individual first be on the Coordinated Access List and that appropriate fields are completed in HIFIS indicating that they are, at minimum, in receipt of income.

Housing programs engaged in Coordinated Access inform the CA Facilitator of dedicated housing resources becoming available, triggering the Prioritization and Matching and Referral Processes. In Saint John, a dynamic and weighted prioritization model is utilized for identifying potential matches for available housing resources. To generate a Priority List the CA List is filtered based on eligibility requirements and features of the housing resource(s) available and is arranged by priority ranking. Unique housing needs of the individual households (i.e. individuals, couples, or families) on the list are taken into consideration when identifying an appropriate fit (Appendix Q.2). *A Priority Point Calculator has been developed as part of Saint John's Coordinated Access system for training purposes that helps staff understand how different combinations of factors contribute to a client's priority score within the Coordinated Access system. Please access the tool here*: SJ's CAS: Priority Point Calculator

Matching and Referral

Housing matches are identified using the above Prioritization Process, while the Matching & Referral Process (*Appendix R*) will ensure that appropriate housing support is involved. The process for assigning support may look different depending on the housing resource available.

Equitable Housing Opportunity

Every individual on the Coordinated Access List should have equitable access to housing. To support equity, the Coordinated Access Facilitator will attempt to monitor the names on Priority Lists in order to identify individuals repeatedly prioritized for housing without receiving an offer. In such cases, individuals' cases may be brought to Case Conferencing by the CAF to discuss housing and support needs. If individuals have received an eviction previously, efforts should be made to identify other landlords or programs that would be a fit, as well as any housing, wraparound, or natural supports required to achieve long term housing stability.

10. Other Processes

Identifying a Veteran

According to Veterans Affairs Canada, a veteran includes any former member of the Canadian Armed Forces along with former members of an Allied Forces (e.g., U.S./U.K. veteran), former members of the RCMP, former Reservists, Veteran Civilians, and former Canadian Rangers.

A Veteran experiencing homelessness includes those who do not have stable, permanent, appropriate housing, or the immediate prospect, means, and ability of acquiring it (paraphrased from COH and the Government of Canada's National Housing Strategy - *Built for Zero-Canada, https://bfzcanada.ca/veterans/*).

Saint John's CA system aims to take action toward reductions in Veteran homelessness. To do this, there are several steps agencies and front-line staff take to ensure Veterans are connected to resources for which they may be eligible. Doing so means that other limited community resources are reserved for those individuals who do not have access to the same benefits.

The Veteran Community Connector program is aimed at supporting Veterans who are at risk or experiencing homelessness during any stage, to access resources, programs, and entitlements for which they may be eligible by taking steps to address basic, immediate needs, verifying their history of service (if interested), and supporting to help access housing and/or housing stability (*Appendix S*).

High Acuity+

Saint John has determined that there are gaps in services and housing supports for individuals in the community with significantly complex needs. Some individuals may have been considered for housing, but the current supports offered through Housing First models (intensive case management) do not meet their needs. To gain further insight for each unique individual and understand the housing required in the community, Saint John has implemented a process whereby individuals whose needs are not being met by the current forms of housing available to Coordinated Access are designated as High Acuity+ (HA+) on the CA List. The cases are reviewed as Case Conferencing meetings quarterly, where a specific set of criteria is used to identify whether or not an individual should be considered as HA+ (*Appendix T*).

Dispute Resolution

To address systemic or case-specific disputes that may arise between service providers or organizations participating in Coordinated Access, A Dispute Resolution Procedure (*Appendix U*) was put in place to resolve such situations in an appropriate manner.

Coordinated Access Gaps in Services Report Form

In Saint John, community members recognized the need to identify and address service gaps that arise when client needs are not adequately met due to actions or inactions by other departments or systems. In response, service providers expressed interest in advocating for these systemic gaps. To support this, the Coordinated Access Gaps in Services Report Form, formerly known as the CA Incident Report Form, was developed to document and track such incidents.

Initially, completed forms were submitted to the Coordinated Access Facilitator and entered into a spreadsheet for review. More recently, it was agreed that incident data should be stored directly in HIFIS to ensure consistency and enhance data tracking.

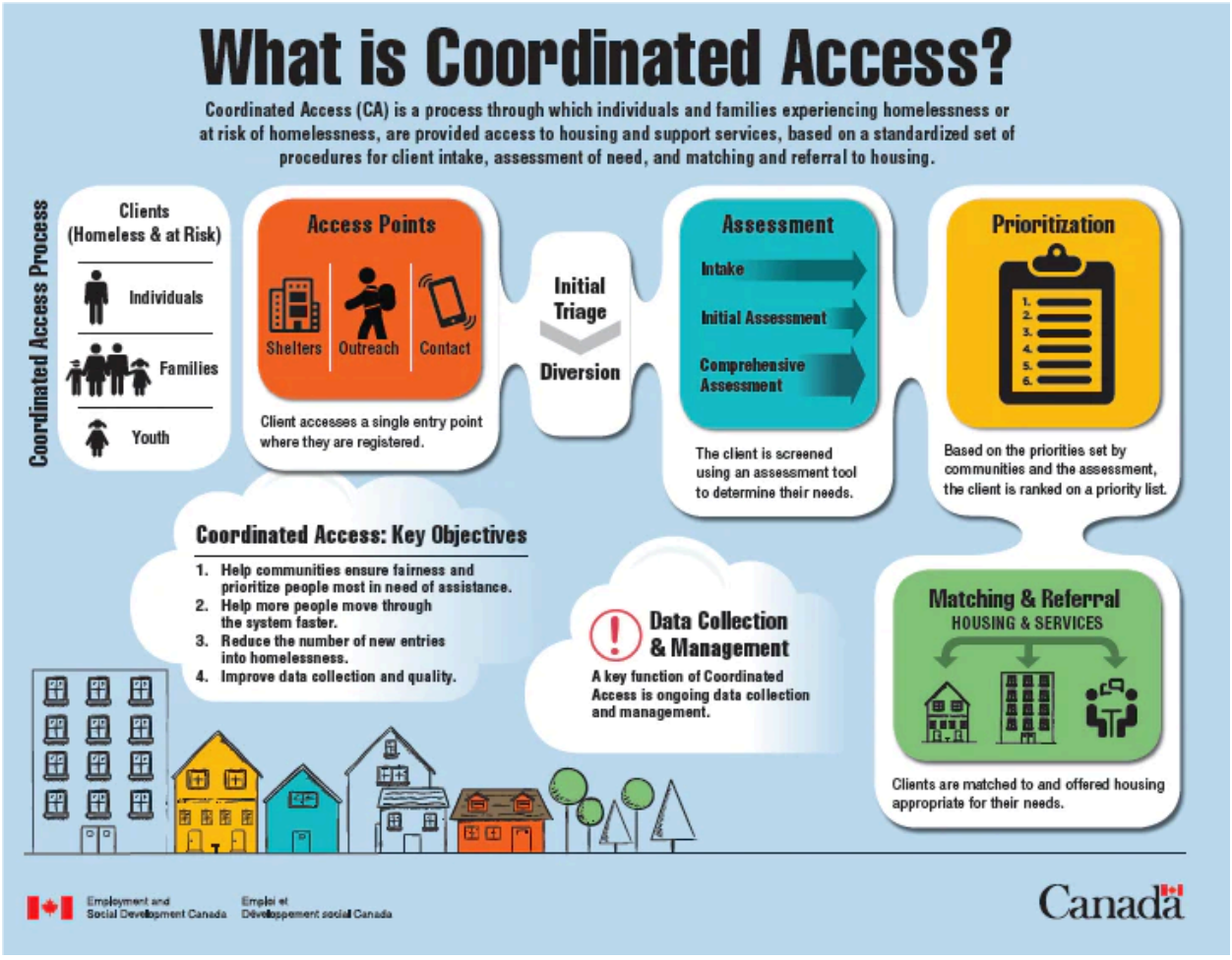
When a gap in services occurs, a service provider completes the form and submits it to the Coordinated Access Facilitator. The Facilitator then transfers the relevant information into the appropriate module for the specific client in HIFIS. These entries are only visible to the Coordinated Access Facilitator to maintain client confidentiality and privacy.

The Facilitator generates a quarterly report based on these entries, which is then shared with HIPSJ to inform system-level discussions and improvements.

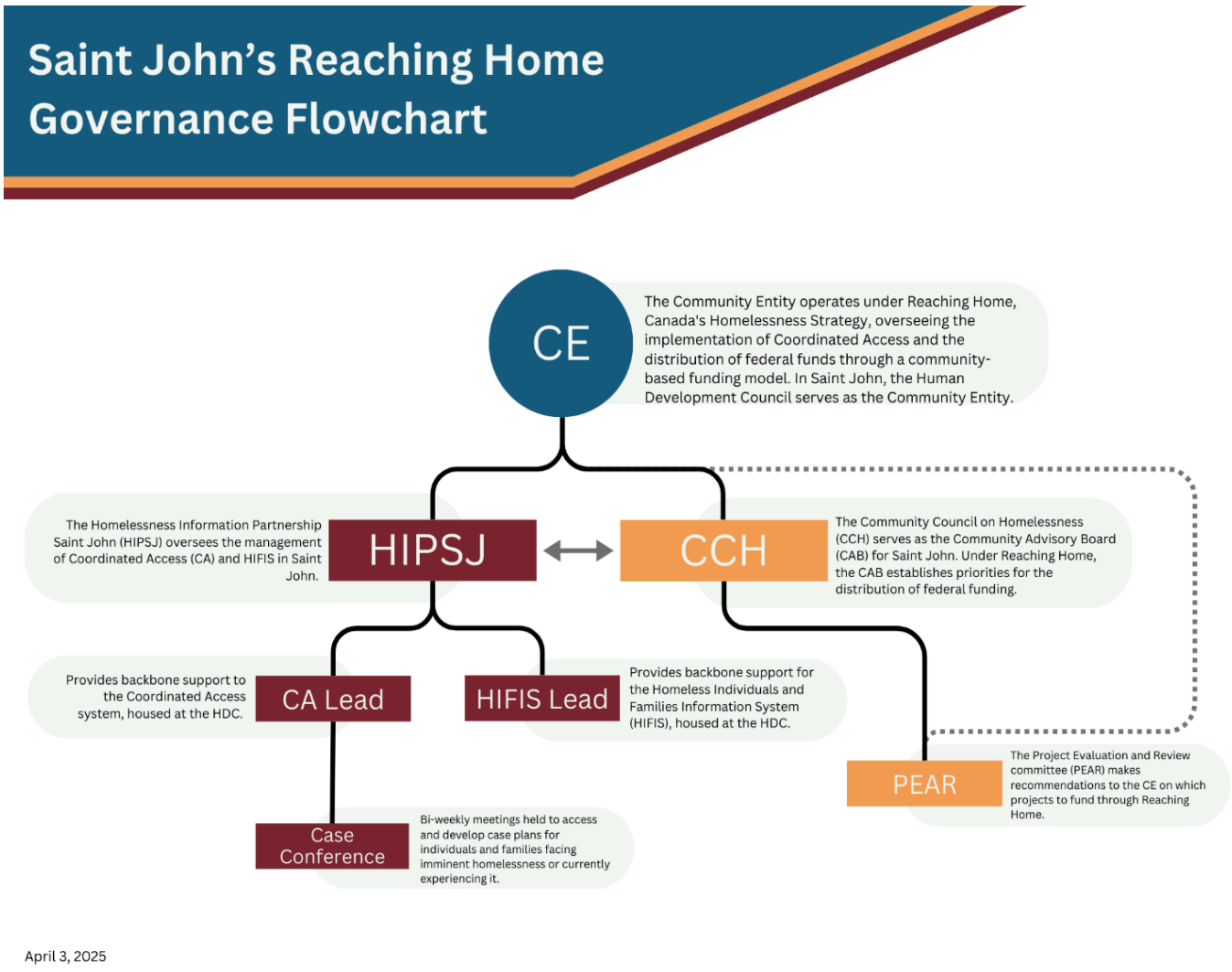
Please see *Appendix Y.1* for the CA Gaps in Services Report Form and *Appendix Y.2* for the statement of purpose associated with the report.

10. Appendix

Appendix A – Coordinated Access Infographic



Appendix B – Reaching Home Governance Flowchart



Homelessness Information Partnership Saint John (HIPSJ) Reaching Home Community Outcomes

Urban communities in receipt of Reaching Home funding are required to implement a centralized data management system (HIFIS), Coordinated Access, and an Outcomes-Based Approach to homelessness reduction efforts. The Outcomes-Based Approach includes tracking and reporting annually to the federal government on 5 core community outcomes (Reaching Home Community Outcomes—RHCO). These data points are regularly shared with local Community Advisory Boards and Homelessness Information Partnerships to ensure community and program decisions and activities are informed on progress toward goals.

All the following aggregate information, including but not limited to periods of housing and homelessness, inactivity, shelter access, homelessness response services, and demographics is recorded in and exported from HIFIS (Homelessness Individuals and Families Information System) which is the HMIS (Homelessness Management Information System) used to track information on individuals experiencing or at risk of homelessness in Saint John.

Data Point 1: "Total Individuals Experiencing Homelessness for at Least 1 Day"

Refers to the **total number of unique individuals** who have experienced homelessness for at least one day within the given month or year.

This includes individuals who:

- Stayed in an emergency shelter for at least one night.
- Slept in unsheltered locations (e.g., streets, encampments, vehicles).
- Stayed in temporary accommodations without security of tenure (e.g., couch surfing/staying with friends).

Data Point 2: "Individuals Experiencing Chronic Homelessness for at Least 1 Day"

Refers to the **total number of unique individuals** who have experienced chronic homelessness for at least one day within the given month or year.

An individual is considered **chronically homeless** if they have:

- Experienced **homelessness for six months (180 days) or more** in the past year, OR
- Had **recurrent episodes of homelessness** over the past three years, totaling at least **18 months (546 days)**.

Data Point 3: "Individuals Newly Identified as Experiencing Homelessness”

Refers to the **number of unique individuals** who had their first record of homelessness captured in HIFIS within the given month or year.

These individuals may have:

- Entered an emergency shelter or an unsheltered location for the first time or were newly accessing temporary accommodations.
- May have been experiencing homelessness but up to this point had not been identified as such prior to the given month.

Data Point 4: “Individuals who Returned to Homelessness”

Refers to the **number of unique individuals** who were previously housed, left the community, went inactive, or otherwise previously exited homelessness but have re-entered the homelessness response system within the given month.

These individuals may have:

- Lost permanent or transitional housing for any reason and returned to emergency shelters, unsheltered locations, or to couch surfing or other temporary accommodations.
- Re-engaged with homelessness services in the community after a period of inactivity.
- Re-entered the community and engaged with homelessness services after having been in another community or were discharged from a public institution such as prison, hospital, treatment program, etc.

Data Point 5: "Identified as Indigenous and Experienced Homelessness for at Least 1 Day"

Refers to the **number of unique individuals** who self-identify as **First Nations, Métis, or Inuit** and have experienced homelessness for at least one day within the given month.

These individuals may have:

- Stayed in an emergency shelter, temporary accommodations, or an unsheltered location.
- Lacked stable, safe, and permanent housing.

Appendix D – HIPSJ Governance Committee General Membership Application

Homelessness Information Partnership Saint John (HIPSJ)

Governance Committee

General Membership Application

1) Agency Name:

2) What is your Agency's mission/mandate?

3) Telephone Number:

4) Email Address:

5) Main Representative:

Appendix E – HIPSJ Governance Committee Voting Membership Application

Homelessness Information Partnership Saint John (HIPSJ) Governance Committee

Voting Membership Application

As an applicant for voting membership for the HIPSJ Governance Committee, please confirm that your agency meets all the following designated criteria (Check all that apply):

□ Your agency is a non-profit committed to addressing issues related to homelessness.

□ Your agency adheres to the principles of Coordinated Access.

□ Your agency commits targeted resources to Coordinated Access (resources may be in the form of housing, case management, or other dedicated staff time - e.g., completing HIFIS intakes).

1) Agency Name:

2) What is your Agency's mission/mandate?

3) In what form do you contribute resources to Coordinated Access (housing units, case management, service navigation, operate as an access point for HIFIS intakes, etc.)?

4) Telephone Number:

5) Email Address:

6) Main Representative:

7) Alternative Representative:

Homelessness Information Partnership Saint John (HIPSJ) Governance Committee

TERMS OF REFERENCE

Purpose

The HIPSJ Governance Committee (the "Committee") is comprised of organizations committed to the shared goal of reducing homelessness in Saint John. Members of the table operate under a common goal: integrate and streamline service provision for individuals experiencing homelessness through a Coordinated Access Systems approach by using HIFIS, a homelessness management information system. The HIPSJ Governance Committee provides oversight for the implementation of HIFIS and Coordinated Access.

Vision

A community where homelessness is rarely experienced and brief when it occurs.

Mission

Governing the implementation of HIFIS and Coordinated Access in Saint John.

Objectives

By developing and upholding the governance structure of HIFIS and Saint John's Coordinated Access approach to homelessness reduction we will…

1. Know all people experiencing homelessness by name and understand their housing and support needs;
2. Prioritize individuals for housing supports and resources based on level of need and program eligibility;
3. Monitor progress toward achieving reductions in overall homelessness, chronic homelessness, Indigenous homelessness, returns to homelessness, and new inflow to homelessness, based on Reaching Home requirements;
4. Commit to the continuous improvement of our system by using information and providing transparent and open communication to all members;
5. Use information to identify the programs, policies, and resources needed to reduce and functionally end homelessness in Saint John;
6. Implement HIFIS toward streamlined service-provision and data collection.

Core Activities

1. Discuss current housing vacancies for Coordinated Access clients;
2. Identify available program spaces and supports for the individuals on the Coordinated Access List;
3. Make governance decisions regarding implementation of HIFIS and Coordinated Access;
4. Identify challenges or areas of improvement within Saint John's Coordinated Access System;
5. Discuss resources available to individuals experiencing or at risk of homelessness in the community.

Operations

The Coordinated Access Facilitator*, employed through the Human Development Council, will provide backbone support to the HIPSJ Governance Committee.

**See appendix A for CAF role description.*

Chair

The Chair position is for a two-year term. The Chair will preside over all meetings and is responsible for supporting the Committee to achieve its objectives. If the Chair is unable to attend a meeting or fulfill their obligations, the Coordinated Access Facilitator will fill the role as required.

Membership

Voting membership is limited to:

1) non-profit agencies that are committed to addressing issues related to homelessness;

2) organizations that adhere to the principles of Coordinated Access (*see Appendix B*); and

3) agencies that commit targeted resources to Coordinated Access (resources may be in the form of housing, case management, or other dedicated staff time - e.g., completing HIFIS intakes).

Agencies must meet all the above criteria to become a voting member of the Committee.

Non-voting membership is open to government agencies (e.g., representatives of Housing NB, DSD, the healthcare system) and the Human Development Council.

Applications for Membership

Application for new voting or non-voting membership (*Appendices C and D*), should be submitted to the Coordinated Access Facilitator (CAF) for review, and applications will be shared by the CAF with the Committee at a regular meeting for consideration and approval. Members will be selected based upon the established criteria for membership. Member agencies appoint one person to sit on the Committee; if a member is unable to attend, an alternate may be designated to attend on that member's behalf.

All committee memberships will be renewed every September when a representative of the member agency re-signs and submits a membership form. Existing members do not need to be re-approved.

Decision-Making

All members who serve on the Committee as a voting member must have the authority of their respective agency to represent their service in any decision-making process. All perspectives are valued, and all table members are encouraged to provide feedback and insight into issues related to Coordinated Access. Examples of items that may require a vote relate to prioritization factors, matching and referral of housing resources, or common assessments used.

The Committee will operate in an open and transparent manner and ensure that decisions are made by consensus whenever possible. Where consensus is not possible, decisions will be made on a majority (75%) vote basis.

Votes will typically be held at a regular meeting, with each voting representative asked to state their decision. However, for circumstances that may arise between meetings which are time sensitive, votes may be requested and submitted by email from/to the Chair or Coordinated Access Facilitator. Quorum (50% of voting membership) is required for a decision to be passed.

Meeting Times and Locations

The Committee will meet monthly on the 2nd Wednesday of the month at 2pm-3:30pm. Communication for meetings will be sent via email. If an agency is unable to attend a meeting, they are asked to email the Coordinated Access Facilitator or Chair to inform them in advance. If a representative wishes to invite another staff or student to a meeting as an observer, they are expected to submit a request to the CAF or Chair at least one day in advance of the meeting in question.

Members are expected to attend 75% of the meetings throughout the year (at least 9 of the past 12 meetings) in order to fulfill the role of an active participant. If a member is absent for more than three consecutive meetings without informing the Coordinated Access Facilitator of their absence, the CAF will explore with the agency whether they still desire to be an active member.

Appendix G – Voting Policy

Homelessness Information Partnership Saint John (HIPSJ) Governance Committee

Voting Policy

Purpose:
This policy aims to ensure fairness, transparency, and inclusivity in decision-making processes, while encouraging active participation and collaboration among all Committee members.

Policy Statement:
All members serving on the Committee as voting members must have the authority from their respective agencies to represent their service in any decision-making process. The Committee values all perspectives, and members are encouraged to share their feedback and insights on issues related to Coordinated Access.

Scope:
Examples of items that may require a vote include, but are not limited to:

1. Prioritization factors for services and resources.
2. Matching and referral processes for housing resources.
3. Selection or modification of common assessment tools.

Voting Principles:
The Committee strives to operate in an open and transparent manner, ensuring that:

1. Decisions are ideally made by consensus, reflecting the collective input of all members.
2. When consensus is not possible, decisions will be made based on a majority vote, requiring at least 75% agreement among voting members.
3. Members who represent or are directly affiliated with an organization or individual submitting the request are kindly asked to abstain from voting to ensure a fair process. In such cases, the total number of voters will be reduced by one, meaning that 75% of the remaining votes will be required for approval.
4. All feedback, insights, and perspectives shared during discussions are valued and respected equally.

Voting Process:

1. **Regular Meetings:**
    - Votes will typically take place during regular meetings, with each voting representative kindly asked to express their decision.
2. **Time-Sensitive Votes:**
    - For matters that arise between meetings and are time-sensitive, votes may be requested and submitted via email to/from the Chair or Coordinated Access Facilitator.
3. **Quorum:**
    - A quorum, which is at least 50% of the voting membership, is needed for a decision to be made.

Appendix H – Confidentiality Statement

Homelessness Information Partnership Saint John (HIPSJ) Coordinated Access Confidentiality Statement

*To be completed by **every representative** of **every agency** that will have access to the Client Information.*

I, _____, of _____
(Name) *(Name of organization)*

am aware that as a service provider/member/guest of the Homelessness Information Partnership Saint John (HIPSJ) I will have access to confidential information for the purposes of assessing the appropriateness of applications of housing resources dedicated to Coordinated Access in Saint John. I agree to maintain all personal information pertaining to clients in the strictest of confidence and will take all reasonable steps to protect the privacy of clients and abide by the Privacy Policies in my organization, and where applicable the HIFIS Data Sharing Agreement, with respect to access, storage and sharing of client information. In particular, I will:

- Treat all client information as completely confidential, and only engage in discussion or review of such information as required in the course of my association with HIPSJ or the performance of my professional duties;
- Not release, distribute, or otherwise provide access to such information to any person, agency, or organization without the required prior authorization of the client and/or the HIPSJ;
- Not download, copy, forward, or share copies of lists or materials derived from the Coordinated Access List which I may receive via email;
- Ensure that Client Information is kept in a secure location at all times where the information can only be accessed by authorized personnel; and
- Equally, ensure that any information I am entrusted with remains confidential and secure at all times and shall be returned, deleted or destroyed as directed by HIPSJ.

I acknowledge a responsibility to report any instances of unauthorized disclosure of Client Information or if a client's privacy has otherwise been breached. I further acknowledge my obligation to report any activity which is fraudulent, unethical, or criminal. I further understand that improper disclosure of Client Information will be cause for the HIPSJ to recommend my removal from the Committee.

Signature: _____ Date: _____

Appendix I – Coordinated Access/HIFIS Client Consent

The Homelessness Information Partnership Saint John (HIPSJ)

Coordinated Access/HIFIS Client Consent Form

I _____ understand that this agency is part of the Homelessness Information Partnership Saint John, a group of agencies working together to reduce homelessness in Fredericton.

By signing this form I consent to my personal information being stored in a secure database called HIFIS (Homeless Individuals and Families Information System) AND to having my personal information, relevant to my housing situation, reviewed by members of the HIPSJ in order to connect me with housing or other related services.

- I recognize that only authorized staff who have access to this database and who are serving me will be viewing my personal information.
- I acknowledge that the agencies in the community with which my personal information will be shared may change over time and I have the right to see a current list of agencies involved, and ask for exceptions, if I so choose.

I UNDERSTAND THAT:

- If I choose not to sign this form, I am still eligible to receive services;
- I can change my mind and withdraw consent to share my information at any time by submitting a written request to this agency;
    - Note: If you do withdraw your consent, you understand that information already in HIFIS will remain in the system. No future information will be collected for the shared computer system and your information will not be accessible;
- I have a right to see a copy of my client record upon request;
    - Requests should be made via a letter of request to HIFIS@sjhdc.ca by the client and/or a supporting agency.

- I have been informed and understand that some non-identifiable information will be shared with the Government of Canada, purely for reporting or research purposes.

Your signature (or mark) below indicates that you have read (or been read) all of the information provided above and agree

Client full name (please print):
_____

DOB (YY/MM/DD): _____

Date: _____

Signature:
_____

___ Check if Consent was given verbally

Signature: _____

Witness (please print name):
_____

Agency: _____

Appendix J – Inactivity Policy

Homelessness Information Partnership Saint John (HIPSJ) Coordinated Access Inactivity Policy

To ensure an efficient Assessment, Matching and Referral Processes, referral sources and destinations must have the ability to contact and connect with households on the Coordinated Access List and Priority Lists as soon as a housing opportunity is available. Without an Inactivity Policy, the Coordinated Access System can experience delays in its referral procedures due to the time spent searching for households in the community who they have not been able to reach through multiple attempts, often for many months. Due to this loss of contact it is difficult for the system to determine whether these households are still in need of housing.

If an individual has had no contact with a service provider involved in Saint John's Coordinated Access System AND has not had a service in HIFIS for **90 days** (*Appendix K* of *Saint John's Coordinated Access Process Guide*), the individual will become inactive in HIFIS. When identified as inactive, the individual will no longer appear on the Coordinated Access List and therefore will not be eligible for some resources dedicated to Coordinated Access in Saint John.

If an individual has connected with the homelessness response system after lapsing into inactivity and is experiencing homelessness, a service or activity can be recorded on the individual's HIFIS profile which should reactivate them in HIFIS and on the Coordinated Access List, thus making them eligible for available housing resources again. The client's HIFIS file should be reviewed after reactivation to ensure HIFIS information is up to date - this includes Housing History, Document Readiness, Housing Needs, and VI-SPDAT or full SPDAT if needed.

Appendix K – Keeping Clients Active on HIFIS Infographic

Client States in HIFIS

Client states in HIFIS indicate which clients are actively connecting with service providers (**Active**) and which clients have exited the homeless serving sector (**Inactive**).

Active: The client has a transaction from the service table outlined on this document within 90 days (the HIFIS Inactivity Threshold).

Inactive: The client has met the HIFIS inactivity threshold by not having any transactions indicated on this document within 90 days. HIFIS will automatically change the client state from active to inactive.

Note: Inactive clients are excluded from the Coordinated Access List.

Please note the following transactions do not trigger client activity:

Client Vitals	Viewing and/or editing client vitals.
Housing History	Adding and/or editing a housing history record.
Client Alerts	Adding a watch concern or contributing factor to a client.
Documents	Uploading/downloading documents on client file.

Please note that any item with an asterisk will keep the client active as long as the service is open. (No end date)

Keeping a Client Active

Module	Transaction
Admissions*	Client is booked into shelter using admissions module.
Case Management*	Starting a new case in Client - Case Management list. Adding a session to an existing case.
Calls & Visits Log	New record is created for client in the calls and visits log.
Goods and Services	New record in Client - Goods and Services is created.
Group Activities	Client is identified as a participant in a Group Activity.
Housing Placements*	New housing placement opened for client. Follow-up added to existing housing placement.
Service Restrictions	New service restriction record is created on client file.
Assessments	Assessment conducted on client. (VI-SPDAT)
Turn Aways	Creating a turn away record on a client file.
Consent	A new consent record is created.

Questions or Concerns? Email the team at hifis@sjhdc.ca

HUMAN DEVELOPMENT COUNCIL

Appendix L – Process Exemption Request Form

Homelessness Information Partnership Saint John (HIPSJ)

Process Exemption Request Form

Name of person submitting request: _____

Agency: _____

On behalf of (client name + DOB): _____

Date Submitted: _____

Purpose

The Coordinated Access List is a list of those individuals who are actively experiencing homelessness in a community who have provided consent to be on the list. The Process Exemption Request is meant to address circumstances in which an individual would typically be ineligible for the Coordinated Access List based on their current housing status (i.e. "Temporarily/Transitionally Housed") and federal definitions of homelessness or should be considered priority for an available housing resource. In these cases, agencies might submit a request for special reasons to have a person by-pass typical eligibility or be exempt from the usual Prioritization process.

*****Transitional/Temporary Housing Status is defined as the following: Correctional Facility; Hospital - Medical; Hospital - Psychiatric; Residential Care Facility; Detoxification Facility; Transitional Housing; Violence Against Women - Transition House; Recovery/Treatment Facility; Halfway House.

Process

A service provider completes all fields on this form and submits it to the Coordinated Access Facilitator (CAF) for review. Additional information will be sought if required, and then the request will be shared with voting members of the HIPSJ Governance Committee for a review and vote decision within 48 hours. If approved, the CAF will follow up with the service provider with next steps. Any approved exemptions will be reviewed at the following HIPSJ meeting for knowledge and transparency of the Committee.

Criteria

Please note that an individual's situation should meet the following criteria in order to be considered for a Process Exemption:

1. The experience of homelessness will impact the health and safety of the individual and/or others in the community.
2. The individual becoming homeless will create a strain on homelessness resources.
3. A logical plan is presented which will mitigate these criteria (e.g. plan to set up income source, support, etc).

4. The service provider submitting this form should be in contact with the individual.
5. If requesting housing support, a VI-SPDAT should already be completed.
6. Other available prevention or diversion options have been explored, where applicable.

The following are examples of a situation in which a person may be exempt from usual eligibility for the Coordinated Access List or Prioritization process (please select one or more that apply):

☐ The individual's Housing Type is considered Transitional/Temporary, and they will be or are at risk of being discharged into homelessness (no fixed address to return to) within the next 60 days (ie. imminently homeless) and should be added to the CA List.

☐ The individual who had previously been prioritized and housed from the CA List is facing imminent homelessness through housing unit termination or transfer and/or may benefit from transferring to another service provider for supports.

☐ The individual does not have a fixed address and there are considerations which warrant prioritization for matching to an available, appropriate housing resource.

☐ An individual requires a subsidy for a unit that they or a Service Provider have identified, and/or appropriate housing supports.

☐ Other:
_____

Provide a brief outline of how this client's situation meets the criteria listed above:

Please indicate what "Transitional" Housing Type the client is currently accessing, if

applicable:

If applicable, please indicate which Prevention and Diversion methods from homelessness have already been attempted, including attempts at discharge planning:

Appendix M – Community Access Points for Coordinated Access Intake and Referral

Homelessness Information Partnership Saint John (HIPSJ)

Community Access Points for Coordinated Access Intake and Referral

The following agencies are considered Access Points or referring agencies in the Coordinated Access System:

Primary Access Points – *Complete intakes for HIFIS/Coordinated Access List for eligible clientele*

- Fresh Start Services
    - SHIFT Outreach Team
- Coverdale Centre for Women
    - Coverdale Emergency Shelter
- Outflow
    - Outflow Emergency Shelter for Men
    - Outflow Foundation Centre
        - May conduct Coordinated Access/HIFIS intakes for eligible clientele.
- Centre for Youth Care
    - Emergency Shelter Beds
- The Salvation Army
    - Veteran Community Connect Program

Secondary Access Points – *May complete intakes for HIFIS/CA List for eligible clientele*

- Coverdale Centre for Women
    - Rose House Transitional Housing
        - May submit Process Exemption Requests for clientele who are imminently homeless (e.g. will be exiting space or leaving under other circumstances without alternative housing in place)
    - ROOTS Supportive Housing Program (e.g. will be exiting space or leaving under other circumstances without alternative housing in place)

- Outflow
    - Diversion Program
- Fresh Start Services
    - HOPE Team
        - May submit Process Exemption Requests for clientele who are imminently homeless (e.g. will be leaving housing without alternative housing in place)
    - Hearthstone Prevention program
        - May submit process exemption requests for cases who are imminently homeless.

- Elizabeth Fry Society
    - May submit Process Exemption Requests for clientele who are imminently homeless (e.g. will be exiting space or leave under other circumstances without alternative housing in place).
    - *HIFIS/CA Intakes for other clientele experiencing homelessness.*
- Housing Alternatives
    - May submit Process Exemption Requests for clientele who are imminently homeless (e.g. will be exiting space or leave under other circumstances without alternative housing in place).
- First Steps
    - May submit Process Exemption Requests for clientele who are imminently homeless (e.g. will be exiting space or leave under other circumstances without alternative housing in place).
- Teen Resource Centre
    - May submit Process Exemption Requests for clientele who are imminently homeless (e.g. will be exiting space or leave under other circumstances without alternative housing in place).
- NB Department of Social Development – Income Assistance Case Managers
    - o May submit intakes via Survey Monkey for eligible clientele.

<u>Referring Agencies</u> – *Will refer eligible individuals to Primary Access Points when appropriate*

- Housing New Brunswick
- Fresh Start Services
    - Hearthstone Prevention Program
    - Rent Bank
- Horizon Health
    - Ridgewood Recovery
    - FACT
    - Mental Health and Addictions
- Coverdale Centre for Women
    - Finding Home Base Homelessness Prevention and Shelter Diversion Program
- John Howard Society
- Parent-Child Assistance Program (PCAP)

Appendix N – Coordinated Access List HIFIS Intake Process

Homeless Information Partnership Saint John (HIPSJ)

Coordinated Access List HIFIS Intake Process

To be visible on a Coordinated Access List and Priority Lists for appropriate and available housing resources in Saint John, individuals must be actively experiencing homelessness. The following must be documented (highlighted items are an absolute requirement for Priority Lists):

1. **Explicit + CA Consent in HIFIS**
    a. Both "**Explicit + CA Consent**" must be open in client's HIFIS Consent module
    b. Individual's signed CA/HIFIS Client Consent form should be uploaded as an attachment, preferably in the Consent Module
    c. Client's "**Consent Type"** in HIFIS reads as **"Active"**
2. **Client Vitals**
    a. Enter the individual's First, Last, and Middle names where applicable, including any nicknames or aliases
    b. Enter their Date of Birth or approximate age where applicable
    c. Select which Gender they identify with
    d. Ask them the standard Veteran question and indicate their response in the Veteran Status field. (Question is as follows: "Have you served in the Canadian or Allied Armed Forces or completed basic training? Are you a former member of the RCMP?")
    e. Indicate Citizenship/Immigration Status
    f. Indicate whether they identify with an Indigenous identity option in Indigenous Status field
    g. Select any other racial identities they identify with
3. **Experience of Homelessness**
    a. Individuals must be either in shelter, sleeping rough (includes Encampment, Makeshift, Vehicle), couch surfing, or have an emergency hotel stay
    b. Sleeping arrangements should be reflected in their HIFIS Housing History record
    c. HIFIS **"Housing Status**" must read either **"Homeless", "Chronic",** or **"Unknown"**
4. **Active in Community**
    a. Individuals must have a documented service in HIFIS within the past 90 days (*Appendix K of Coordinated Access Process Guide – Keeping Client Active on HIFIS)*.
    b. Individual's "**Client State"** reads as **"Active"**
5. **Source of Income**
    a. An individual's Document Readiness Table under HIFIS Client Details must read "Yes" to "Income"
    b. Individuals must receive an income in order to pay rent
6. **VI-SPDAT**
    a. Individuals must have a VI-SPDAT completed, preferably updated within last 6 months.
    b. These should be entered directly into the HIFIS SPDAT module; Single Adult Version 3 and TAY-VI-SPDAT Version 2 for youth are versions currently in use

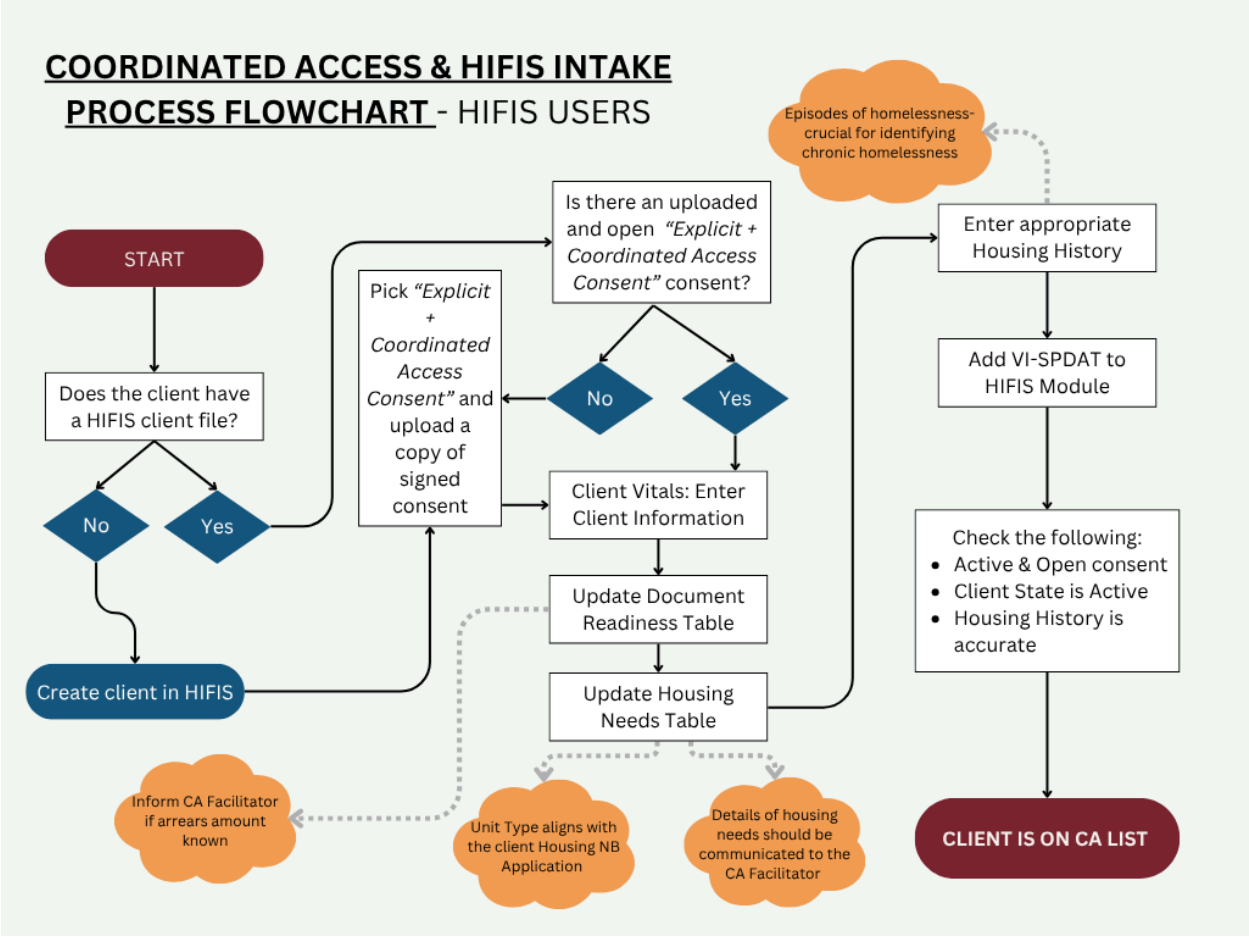
i. Upon completion, ensure that a score has populated on the SPDAT module. If no score is showing, the assessment is incomplete and should be reviewed for missing responses

7. **Housing Needs**
    a. Please refer to the Housing Needs Infographic Appendix P) for details on options in the Housing Needs table

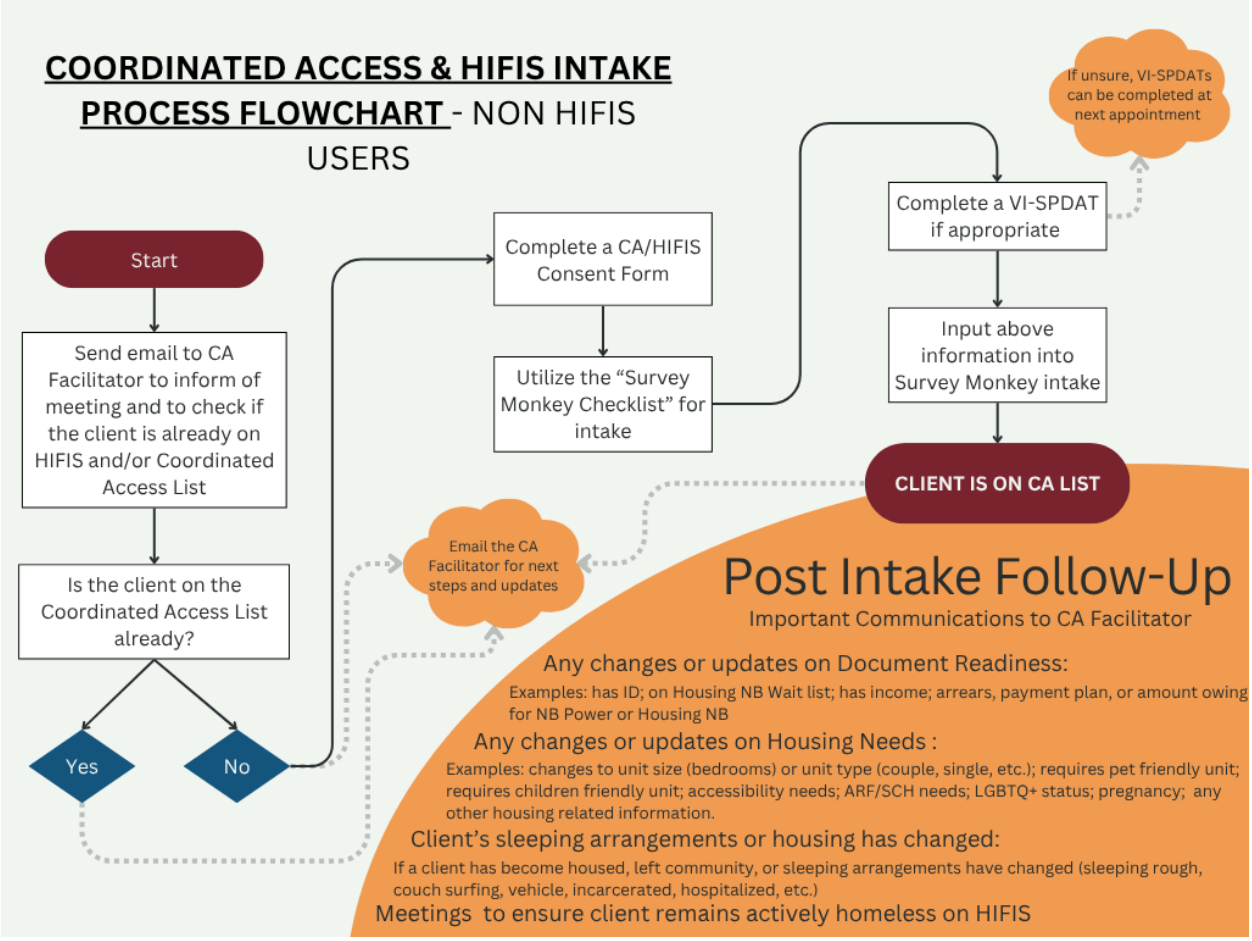
Ideally, information is updated in HIFIS as soon as possible after it is received or at most within one week. Typically staff employed by Service Providers participating in Coordinated Access are able to update this information directly, however if a Service Provider does not have access to HIFIS or has questions about how to provide updates for a client, they should connect with their Coordinated Access Facilitator (Nihan@sjhdc.ca) for direction on whether a Survey Monkey Intake Form is required.

Appendix O.1 - Client Intake and Update for HIFIS Users

Flowchart - Coordinated Access Client Intake for HIFIS Users



Flowchart - Coordinated Access Client Intake and Update for Non-HIFIS Users



Appendix P - HIFIS Housing Needs Table Infographic

Housing Needs Table

What does it all mean?

The Housing Needs Table is a tool to assist our Coordinated Access Systems with organizing and identifying the needs of program participants as it relates to housing. The selections made directly influence the matching process for available housing resources.

Household Type

Single : Participant will be housed alone.
Couple : Participant will be housed with partner (one bedroom). *
Family : Participant will be housed as a family unit (e.g. with children, friends, etc.). *

Unit Type

1-bedroom : Participant requires only one bedroom (e.g. singles, couples, etc.).
2-bedroom : Participant requires a two-bedroom (e.g. custody of children, medical note, etc.)
3-bedroom : Participant requires three or more bedrooms (typically for those with custody of multiple children).

Pet Friendly Needs

Yes : Participant will not be separated from pet and requires a unit allowing pets. *
No : Participant does not have pets or is willing to find alternative arrangements for pet(s).

Accessibility

No Stairs : Participant is unable to navigate any types of stairs and will require a ground-level unit or unit with elevator.
Limited Stairs : Participant is able to navigate some stairs -typically no more than one flight.
Wheelchair Accessible : Participant requires a unit that is fully accessible and/or can accommodate a wheelchair.
Other : Participant has accessibility needs that do not fall within the other options. *
None: Participant can accept a standard unit without considerations for accessibility.

Adult Residential Facility/SCH Options need to be explored

Yes : Participant will benefit from an Adult Residential Facility/Special Care Home and referral is being/should be explored.
Maybe: Participant's ARF/SCH needs are not fully understood at present and should be assessed.
No : Participant does not have needs that indicate a requirement for ARF/SCH.

Child Friendly

Yes : Participant has minimum 50% custody of children that will be housed with them. *
Child Visitations Permitted : Participant has children that will not be housed with them but unit should allow visitations.
No : Participant does not have children, or children will not impact type of unit needed.

Smoking

Yes : Participant smokes and requires a unit that allows smoking in unit (these are rare if ever available).
No : Participant does not smoke or can smoke in designated outdoor areas.

***Please contact your Coordinated Access Facilitator or HIFIS@sjhdc.ca to provide details on extent of accessibility needs; name of partner for couple unit; type and number of pets; and ages and genders of children. This information is important for facilitating the matching of individuals to housing resources.**

Questions/Considerations

Does the participant's Housing NB waitlist application align with the selections made on the Housing Needs Table?

Does the participant have a joint Housing NB application?

If selecting more than 1-bedroom, does the participant **require** more than 1-bedroom? Can the need be reasonably justified considering limited availability of 2+ bedroom units?

If participant has children, can they provide documentation showing they have minimum 50% custody of a child?

Items in the Needs Table can be adjusted to reflect the current needs of the participant at anytime.

Balancing a participant's wants and needs is difficult, please make sure to have honest and open conversations about the current realities of the housing market to allow the participant to make an informed decision.

Appendix Q.1 – Coordinated Access Prioritization Process

Homelessness Information Partnership Saint John (HIPSJ)

Coordinated Access Prioritization Process

Due to the disparity between the number of individuals experiencing homelessness in a community and the quantity of appropriate and affordable housing resources, Coordinated Access systems are faced with making difficult decisions regarding which individuals should be offered the housing resources available to them.

Saint John's Coordinated Access system implements a dynamic, weighted process to determine priority for an available housing resource. When the Coordinated Access Facilitator is made aware that a dedicated housing resource is available for matching from the Coordinated Access (CA List), a Priority List is generated by filtering the CA List to include those that are eligible for the resource. This is a layered process:

1) The CA List is filtered for the unique features and eligibility criteria of the housing resource being offered (e.g. the unit is for seniors age 55+, or does not accommodate couples or pets, or is a modified accessible unit);
2) The list is further filtered for the eligibility criteria of the assigned housing support program, if applicable* (e.g. Housing First program supporting only those individuals with a High Acuity score);
   *Note: Housing support may at times be available with the housing resource in the initial step, as in the case of supported housing with staff on-site.
3) The list is arranged from highest priority ranking to least. Individuals will receive priority points based on their identification with specific demographic groups or experiences (see *Table 1* below).

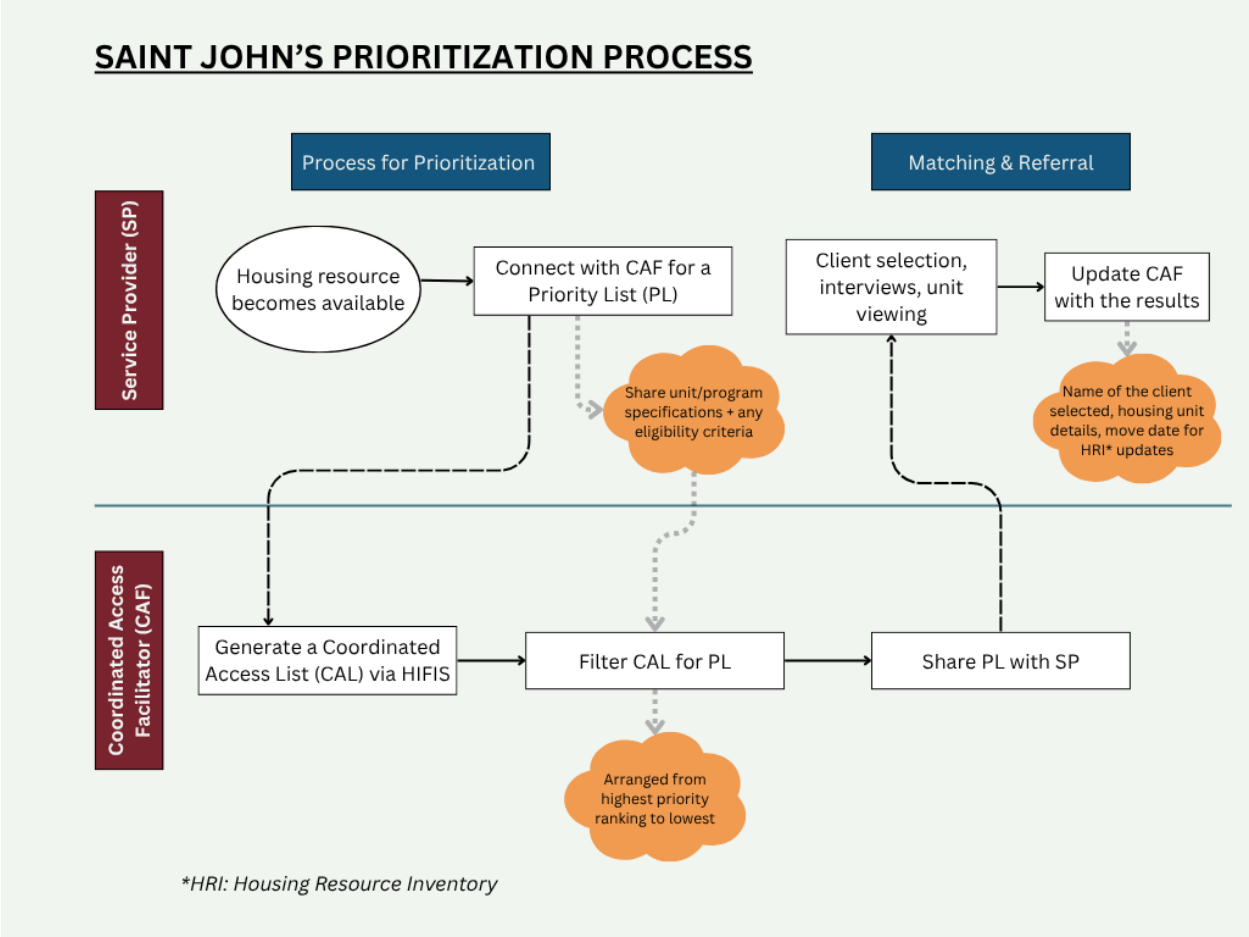
At this point, the housing support provider receiving the Priority List may consider the unique needs of the individuals remaining on said List (e.g. individuals who need to live in specific areas of the city or have power included in their rent, etc.)

Table 1. This table identifies priority categories and the points, or weights, assigned to each.

	Priority Categories	Priority Weighting
1	Chronic Homelessness	**6 points** generated via # of days with Homeless Housing Type in HIFIS
2	Sleeping Arrangement – Sleeping Rough	**5 points** generated via current HIFIS Housing History record
3	Compromised Physical Wellness	**5 points** generated via responses in SPDAT module
4	Sleeping Arrangement – Couch Surfing	**4 points** generated via current Housing History record
5	Indigenous Identity	**3 points** generated via response in Client Vitals
6	Sleeping Arrangement – Shelter	**3 points** generated via current Housing History record
7	**Age** Senior aged 60 years+ Youth/young adult aged 16-24	**3 points** generated via DOB in Client Vitals
8	2SLGBTQIA+ Identity	**2 points** generated via response in SPDAT module
9	Confirmed Veteran Status	**2 points** generated via comment on HIFIS Client File applied by CA Facilitator (*staff must inform CAF that Status has

		been confirmed by Royal Canadian Legion or Veterans Affairs Canada)
10	Pregnancy	**2 points** generated via comment on HIFIS Client File applied by CA Facilitator (*staff must inform CAF that person is pregnant)
11	Compromised Mental Wellness	**2 points** generated via responses in SPDAT module
12	Newcomer Status (new to Canada in past 5 years)	**1 point** generated via comment on HIFIS Client File applied by CA Facilitator (*staff must inform CAF that person is a Newcomer)
13	Substance Use Disorder	**1 point** generated via responses in SPDAT module

Appendix Q.2 – Coordinated Access Prioritization Process - Flowchart



Appendix R – Matching and Referral Processes

Homelessness Information Partnership Saint John (HIPSJ)

Coordinated Access Matching and Referral Processes

Matching and Referral refers to the process through which an individual experiencing homelessness is identified as a potential match to an available housing resource, which may include a unit, rent subsidy, and/or housing support. In this document you will find information on the Matching & Referral Processes for 2 types of housing resources that may be made available to Saint John's Coordinated Access System:

1) Housing NB Standard Rent Supplements
2) Supportive or Transitional Housing

Process for Matching to a Housing NB Standard Rent Supplement

Housing NB has offered Standard Rent Supplements to the Coordinated Access System in Saint John which are available to be applied to market priced units in the community. These supplements are applied to the unit of a willing landlord and will remain with the unit if the tenant leaves. With this supplement the tenant pays only 30% of their income for rent and the remaining balance is paid for by Housing NB. The following are steps that a Service Provider can take to receive a standard rent supplement and identify a match for it.

<u>Phase 1: Creating a Subsidized Market Unit with HNB</u>

1. A service provider/housing support team identifies a landlord who has a unit they are interested in having subsidized.
2. If the landlord is new to the Housing NB Rent Supplement Assistance Program, the service provider/housing support team assists the landlord in the completion and submission of the Program's application form.
3. The service provider then emails the HNB Program Officer (PO) and Coordinated Access Facilitator (CAF) to communicate the landlord's interest and application.
    a. PO may request a checklist of additional details such as address, rent amount, unit specifications, etc.
4. The PO will confirm that the eligibility of the application and contact the landlord (LL) for any additional information required.
5. Once confirmed, the PO will order an official inspection of the unit.
    a. LL will be asked to sign a Rent Inspection Report once the inspection is complete.
    b. Inspections may take 2-7 days to complete.
6. Once the unit passes inspection and is in good condition and the Rent Inspection Report is complete, the PO will inform the service provider and CAF that the unit is ready for client matching.

<u>Phase 2: Matching & Referral</u>

1. The PO provides the CAF with the address of the new unit, including any specifications (e.g. pet- or couple-friendly, number of rooms, accessible, etc.)

2. CAF filters a Priority List for the unit as stated in the Prioritization Process (*Appendix Q.1* of *Coordinated Access Process Guide)*.
3. The list is shortened to the top 30 individuals in priority and sent to the lead of the housing support team who originally identified the unit (unless informed otherwise), or specific staff assigned as support for the unit.
4. The support staff reviews the list to identify a potential match or matches based on the specifications of the unit and their own program eligibility.
    a. Staff may interview potential matches to determine mutual acceptance based on eligibility criteria and interest/needs; interview processes may include an assessment or program intake.
    b. Housing Case Managers are encouraged to collect pertinent information on prospective clients during Case Conferencing meetings or by other means necessary to determine a best fit for their program and the unit in question.
5. Once a program has completed their internal matching processes, the staff provides the CAF with the name of the selected match. At this point, the CAF will notify the Housing NB Program Officer of the match's name and Date of Birth, copying in the support team lead or staff assigned as support.
    a. The PO will confirm the individual's information and eligibility for HNB subsidized housing and will request income information to determine the person's rent amount; the PO will also provide any required information to the landlord.
    b. Staff can begin to set up a Housing Placement record for the match on HIFIS and provide a brief update to the CAF

    *Note: Housing Placements should be ended if the move is not completed for any reason; likewise, Placements should be finalized if and when the individual does move into the unit.
6. Once the matched individual has accepted the housing support and unit and has been approved by the landlord, a warm transfer from a referring agency (i.e. service provider already working with the individual) to the housing support team may also occur.
    a. If the individual/family accepts the offer, appropriate steps will be taken to create a case plan, complete a referral agreement with the landlord, and where appropriate, connect the individual/ family to other necessary services.
    b. Should the individual or family not accept the offered housing or supports, they will remain on the CA List without penalty and another match sought

    *Note: It is stressed that workers and programs have good understanding of a clients' housing needs and preferences to avoid the need for an individual to formally decline housing offers on multiple occasions.
    c. If a selected individual or family cannot be found within one week to offer supports and services, another match for the unit may be sought.
7. The housing support staff provides an update to the Coordinated Access Facilitator and Program Officer that the move will go forward, and the PO may send a letter of agreement to be signed by the program participant.
8. The PO will determine the tenant's rent amount and share a Rent Confirmation Letter with the housing support staff and landlord.
9. Housing support staff assist the individual with preparations for move-in, which may include arrangement of mixed payments or direct withdrawal for rent; set up of phone,

power, or internet; securing furniture and household items; paying a damage deposit; signing the lease; and receiving keys.

10. Once the move is complete, the housing support staff updates HIFIS by finalizing the individuals' Housing Placement record and setting up a Case Management goal of Housing Retention; they are also asked to provide a brief update of the completed move to the CA Facilitator and Program Officer

*Note: If it is the case that the housing support team did not select the individual(s) in top priority on the Priority List, they will be asked to provide feedback to the CAF on reasoning to improve understanding of said individual's housing and support needs going forward (e.g. individual was not interested in the specific unit at this time; individual wants to live with a partner; individual requires more intensive support than the program offers, etc.).

    a. The CAF may request that information is updated on the individuals' HIFIS profile (e.g. Housing Needs) or may add a note to their file to indicate housing preferences/needs.

Process for Matching to Supportive or Transitional Housing

Some participating service providers may offer housing units for which they are the landlord or the tenant, and where their staff will be assigned as the primary housing support case management for the individual selected for a unit. Staff may or may not be stationed on-site, and the housing may be considered permanent or transitional.

1. A staff person from the housing program will reach out to the Coordinated Access Facilitator requesting a priority list for a specific unit, either in their building or a unit where they are offering support.
2. The housing program will provide any important details regarding the unit, such as whether it is accessible, and any eligibility requirements.
3. The CAF will generate and filter a priority list of the top 30 eligible individuals (if possible) which is then shared with the housing program staff who requested it.
4. The support staff reviews the list to identify a potential match or matches based on the specifications of the unit and program.
    a. Staff may interview potential matches to determine mutual acceptance based on eligibility criteria and interest/needs; interview processes may include an assessment or program intake.
    b. Housing Case Managers are encouraged to collect pertinent information on prospective clients during Case Conferencing meetings or by other means necessary to determine a best fit for their program and the unit in question.
    c. At this time the housing program may also communicate to the CAF the names of any individuals who are in consideration for the unit.
5. Once a matched individual has accepted an offer of housing and support, a warm transfer from a referring agency (i.e. service provider already working with the individual) to the housing support team may occur.
6. When the match is confirmed, the housing support program provides an update to the CAF and opens a Housing Placement record on the individual's HIFIS profile.

*Note: Housing Placements should be ended if the move is not completed for any reason; likewise, Placements should be finalized if and when the individual does move into the unit.
*Note: If it is the case that the housing support team did not select the individual(s) in top

priority on the Priority List, they will be asked to provide feedback to the CAF on reasoning to improve understanding of said individual's housing and support needs going forward (e.g. individual was not interested in the specific unit at this time; individual wants to live with a partner; individual requires more intensive support than the program offers, etc.).

a. The CAF may request that information is updated on the individuals' HIFIS profile (e.g. Housing Needs) or may add a note to their file to indicate housing preferences/needs.

<u>There are specific circumstances where the Committee may divert from the above processes:</u>

1. An individual has previously received an offer of housing and not been approved for the unit by the landlord, in which case the individual would be considered top priority for the next available unit for which they are eligible;
2. A specific individual may be deemed as priority for an available and suitable unit or subsidy, as outlined in the Process Exemption Request (*Appendix L* of *Coordinated Access Process Guide*).

***Note – It is <u>highly encouraged</u> that staff wait until confirmation has been received in writing (which may include a formal Letter of Offer) before sharing with a client that they have a housing opportunity. This is meant to avoid further harm to the individual should a referral not be successful.**

Homelessness Information Partnership Saint John (HIPSJ)

Coordinated Access Veteran Identification and Triage

Programs aimed at reductions in Veteran homelessness exist across the country. Offered in the of cities Moncton, Fredericton, and Saint John, the Veteran Community Connect Program employs Veteran Community Connectors (VCCs) who can respond when an individual experiencing homelessness self-identifies as a veteran. Several steps must be taken to ensure that Veterans experiencing or who are at risk of homelessness can access specific resources available to them:

1. During intake to a program and/or HIFIS at a Community Access Point in the Coordinated Access system, the question of Veteran status should be asked by staff in the following way: "Have you served in the Canadian or Allied Armed Forces or completed basic training? Are you a former member of the RCMP?"

2. When someone answers "Yes" to the above question, the Service Provider will ensure the appropriate indicator is selected on the participant's HIFIS file in Client Vitals.

3. Service Providers should refer all individuals who self-identify as a Veteran to the Veteran Community Connector- **Tara Hosford** (*Tara.Hosford@salvationarmy.ca*) who will work with the individual to confirm their Veteran status through Veterans Affairs Canada (VAC) or the Royal Canadian Legion (RCL) if appropriate/desired and assist with referring them to any additional supports or resources for which they are interested and eligible.

    a. The Veteran Community Connector regularly generates a HIFIS report to identify individuals in the community who may have recently self-identified as a Veteran and takes appropriate steps to connect with that individual.

    b. Once an individual is confirmed to have a history of service, the Veteran Community Connector will note it in the Veteran module of their HIFIS client file and conduct case management in a secure location within, also ensuring all steps are taken for the individual to be visible on Coordinated Access and Priority Lists if applicable.

4. Service Providers can contact the CA Facilitator- **Nihan Kirazli** (*nihan@sjhdc.ca*) if they are ever unsure of next steps or who to contact.

Veteran Housing Support

Once a Veteran has secured housing the VCC will request housing case management assistance from any appropriate housing support teams via the Coordinated Access Facilitator. The intensity and duration of housing support required by the Veteran is discussed and once support is identified, the Veteran Community Connector and housing support staff will meet to discuss further. If an individual needs to access housing through the Coordinated Access system, the Prioritization (*Coordinated Access Process Guide - Appendix Q*) and Matching &

Referral Processes (*Coordinated Access Process Guide – Appendix R*) would apply.

Homelessness Prevention for Veterans

The Veteran Community Connector may receive referrals from VAC or the RCL to provide additional support to Veterans experiencing housing insecurity. The Veteran Community Connector will take necessary steps to create and case manage HIFIS client files for these individuals with the purpose of Prevention until the required outcomes have been achieved. These interactions are usually very brief and specific and can include activities such as acquiring a bed for a Veteran recently moved; supporting an individual to attend a unit viewing; or assisting with navigation of social or government services. Access to or collaboration with established homelessness Prevention and Diversion programs in the community can also be facilitated by the VCC or CAF.

Other Activities

The Veteran Community Connector will continue to support Veterans who are not interested in connecting with Veteran-specific agencies, programs, or entitlements. The VCC may first explore concerns around accessing these services and connect them with a peer at the RCL if appropriate. Otherwise, the VCC will take steps to help the veteran access other programs in the community such as employment, health, or Addictions and Mental Health Services, and support them to obtain housing and navigate the Coordinated Access system. The VCC will assess a Veteran's needs (e.g. income, bank account, application for medical coverage, filing income taxes, etc.) and support them toward their personal goals, assisting with daily activities such as personal scheduling and accompanying the Veteran on appointments.

Homeless Information Partnership Saint John (HIPSJ)

High Acuity+ Protocol

According to data on homelessness in Saint John, the community determined that there are gaps in services and housing supports for some of the most vulnerable in the community. Some individuals who are in the High Acuity category have been prioritized for housing repeatedly, but the current support offered through Housing First models do not meet their needs. In an effort to continue gathering this information and highlight these specific needs, Saint John has implemented a process whereby individuals whose needs are not being met by the current forms of housing available within Coordinated Access are designated as High Acuity+ on the Coordinated Access List. When individuals are moved into this category on the CA List, they will not be excluded from priority lists. The names on this list will be reviewed quarterly to determine whether they should remain in the High Acuity + category.

All of the following criteria must be met to move someone into the High Acuity + category:

1. The individual must have a High Acuity score (VI-SPDAT 8+) and be Chronically Homeless;
    a. EXCEPTION: If it is not possible to assess the individual's acuity level, some flexibility can be applied depending on that person's individual case.
2. The individual must be on the Coordinated Access List for 6+ months;
3. The individual must have mental health and/or Substance Use challenges.
4. **One** of the following must apply:
    a. The individual cannot get Document Ready due to their barriers.
    b. The individual was previously matched with the highest support available but the tenancy failed. This does not include cases that were beyond the client/agency's control (e.g. building being condemned, fire that was not client caused, etc.)

High Acuity+ Individuals will be discussed at Case Conferencing related to additional barriers they face to housing, suspected housing and/or support needs will be recorded, and efforts will be made where possible to connect the individual with those resources **and/or use the information for advocacy.**

Prior to the HA+ Review meeting, agency leads will receive a current list of HA+ individuals and a copy of the HA+ Policy for review and consideration with their teams.

Appendix U – Dispute Resolution Process

Homelessness Information Partnership Saint John (HIPSJ)

Dispute Resolution Process

Examples of case-specific disputes:

- Accuracy of common assessment score
- Prioritization on the CA List
- Program placement

Disputes of this nature will be addressed using the following steps:

1. Members of the HIPSJ Governance Committee will discuss the overarching issue at the next HIPSJ meeting (or Case Conferencing if more appropriate) to seek resolution;
2. If a resolution is not achieved, the HIPSJ Governance Committee Chair and CA Facilitator will consult their Coordinated Access advisors to recommend a solution.

Examples of systemic disputes:

- Administrative or procedural differences
- Differences in service delivery, principles, or politics

Disputes of this nature will be addressed using the following steps:

1. Staff will identify the nature of the dispute and discuss with their manager;
2. Managers of the organizations identified as part of the dispute will discuss the issue to seek a resolution;
3. If a resolution is not achieved, the CA Facilitator will consult their CA advisors to recommend a strategy to resolve the issue.

Appendix V – HIPSJ Limited Confidentiality Statement

Homelessness Information Partnership Saint John (HIPSJ) Limited Confidentiality Statement

I _____ , of _____

(Name) *(Name of organization)*

am aware that as a guest of the Homelessness Information Partnership Saint John (HIPSJ) I may have access to confidential information for the purposes of assessing the appropriateness of applications for housing or support services. I agree to keep all information, including clients' personal information, organizational data, and any other sensitive information, confidential. I will take reasonable steps to protect privacy and adhere to my organization's Privacy Policies regarding the access, storage, sharing, and handling of all confidential information. I recognize that by signing this agreement I am entitled to attend **one** Governance or Case Conferencing meeting on the following date:

_____.

This Confidentiality Statement will expire at the end of the meeting on the above date. To attend future Governance or Case Conferencing meetings, I will be required to sign a renewed HIPSJ Limited Confidentiality Statement or HIPSJ Confidentiality Statement.

In particular, I will:

- Treat all client data as confidential and only engage in discussion of such information as required in the course of my professional duties;
- Not release or otherwise provide access to information shared at the meeting to another person, agency, or body without the required prior authorization by the client and/or the HIPSJ;
- Ensure that confidential information is kept in a secure location at all times;
- Equally ensure that any information I am entrusted with remains confidential and secure.

I acknowledge a responsibility to report any instances of unauthorized disclosure of Client Information or if a client's privacy has otherwise been breached. I further acknowledge my obligation to report any activity which is fraudulent, unethical, or criminal. I further understand that improper disclosure of information may be cause for the HIPSJ to rescind any future invitations to participate in committee meetings.

Signature: _____ Date: _____

Coordinated Access - Saint John: Principles of Engagement

Applicable to both HIPSJ and Case Conferencing meetings. These principles are designed to support effective, respectful, and client-centered collaboration. They are grounded in the understanding that vulnerable populations deserve stable and sustainable housing solutions shaped by transparency, compassion, and accountability. By following these principles, we help build a coordinated access system that is equitable, effective, and rooted in dignity for every person it serves.

1. **Create a Safe and Respectful Space**
    a. Meetings should foster open, honest dialogue where all participants feel heard and respected.
    b. Language should be free from judgment, stigma, or assumptions—toward both clients and colleagues.
    c. We value both professional expertise and lived experience.

2. **Be Action-Oriented with Compassion**
    a. Come prepared with updates and a commitment to identifying next steps for each client.
    b. Bring a solutions-focused mindset while acknowledging the real-world challenges involved in this work.
    c. Creativity is welcome, but proposals should be grounded in ethical, practical, and client-centered considerations.
    d. Take thoughtful, informed risks, always with a safety net for clients and clear plans for accountability.

3. **Practice Thoughtful Communication**
    a. When discussing barriers, be honest and constructive. Language matters—how we speak about challenges should reflect both the reality and our shared responsibility to act. Naming real barriers is important. Reframing isn't about minimizing the issue—it's about focusing on what we can do next, together.

4. **Keep the Focus on Clients and Solutions**
    a. We recognize this work is emotionally demanding, and systemic issues are real. However, case conferencing is a space for collaborative action on immediate client needs. Broader concerns (e.g., policy, system gaps, agency coordination) are valid and important—please raise them through the appropriate channels for system-level discussions (HIPSJ or CCH).
    b. If needed, the Coordinated Access Facilitator will help redirect or reschedule broader discussions to protect the focus of the meeting.

5. **Commit to Accountability and Follow-Through**
    a. All action items from previous meetings will be reviewed to track progress.
    b. If challenges come up, this is the time to ask for support, share barriers, or reassign tasks collaboratively.

6. **Representation and Preparedness**
    a. Each agency program should designate a lead contact who is responsible for regular participation and communication with the facilitator.
    b. Agency program reps should come prepared with updates relevant to their program's current involvement and any recent developments related to shared clients.

Appendix X – Coordinated Access Client Profile Template

Coordinated Access Client Profile Template

Client Information

- Name:
- Date of Birth:
- Gender:

Demographics

- Ethnicity:
- Veteran Status:
- Disability Status:
- Current Living Situation:

Background Information

- History of Homelessness:
- Housing History:
- Income Sources:

Health and Mental Health

- Physical Health Issues:
- Mental Health Issues:
- Medications:

Social Support Network

- Family Support:
- Friends/Community Suppo**rt:**
- Service Providers:

Goals and Needs Assessment

- Immediate Needs:
- Long-term Goals:

Challenges and Barriers

- Personal Barriers:
- Systemic Barriers:

Action Plan

- Short-term Actions:
- Long-term Strategies:

- Follow-up Dates:

Notes and Observations

- Additional Observations:
- Insights from Collaborating Agencies:

Instructions for Use:

1. **Gather Information:** During initial assessments and ongoing meetings, fill in the relevant sections based on discussions with the client.
2. **Collaboration:** Share this profile with team members and other agencies involved in the client's case to facilitate discussions.
3. **Update Regularly:** Keep the profile updated with new information and progress towards goals.

Appendix Y.1 – Coordinated Access Gaps in Services Report Form

Coordinated Access - Gaps in Services Report Form

Client Name and/or HIFIS ID:
Staff NAme and agency:
Date of incident:
Date of submission:

These reports track instances where clients did not receive adequate care. Please indicate which (if any) of the following occurred during this incident. Check all that apply:

☐ Client did not receive a proper assessment

☐ Client was not admitted to a hospital/facility despite being a risk to themselves/others

☐ Client was discharged from a hospital/facility too early

☐ Client was returned to a shelter/service office in a state of distress

☐ Other:

Did physical harm occur during this incident? Check all that apply:

☐ Client was physically harmed (by self or by others)

☐ Staff/others were physically harmed

☐ Other:

Which (if any) of the following agencies were involved in this incident? Check all that apply:

☐ Police

☐ Ambulance

☐Mobile Mental Health

☐ Hospital staff

☐ Other:

Please describe the incident: …….

Statement of Purpose – Coordinated Access Gaps in Services Report Form

The data collected through the *Coordinated Access Gaps in Services Report Form* can serve multiple purposes, including:

1. Identifying Gaps in Services & Systemic Issues

- Identifying patterns in repeated incidents (e.g., clients being discharged too early or denied hospital admission).
- Identify patterns of inadequate service delivery across multiple agencies.
- Assess whether certain populations (e.g. gender, youth, different acuity levels etc.) are disproportionately affected.

2. Enhancing Coordinated Access & Client Support

- Use the data to advocate for better assessment protocols and stronger referral pathways.
- Improve communication and coordination between shelters, hospitals, mental health services, and first responders.
- Develop targeted interventions to reduce repeat incidents.

3. Data-Driven Policy & Funding Advocacy

- Present evidence to *government departments and* policymakers to advocate for improved crisis response services.
- Support grant applications by demonstrating service gaps and client needs.

4. Staff Training & Process Improvements

- Use reports to develop training programs for frontline workers on handling crises.
- Adjust internal policies to prevent recurring incidents.

5. Strengthening Community & Organizational Trust

- Build trust with partner organizations by ensuring accountability in service delivery.
- Demonstrate a commitment to client safety and well-being.
- Improve relationships between service providers, shelters, and emergency response teams.