BEYOND HOUSING FIRST: ESSENTIAL ELEMENTS OF A SYSTEM-PLANNING APPROACH TO ENDING HOMELESSNESS†

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SUMMARY

The concept of "Housing First" has taken on a powerful status in the complex of government, non-profit and academic systems that study and seek to eliminate homelessness. It is a compelling concept, in that it has brought our society to the realization that housing instability itself is often the culmination of various underlying and intersecting issues, ranging from mental health and addiction issues to domestic abuse and poverty.

The "Housing First" principle holds that homeless individuals stand a far poorer chance of improving their condition while they remain homeless; that the stability of a permanent home provides the foundation that allows individuals to begin addressing the issues that led to their housing instability in the first place.

However, the elegance of the fundamental principle behind "Housing First" also risks creating an illusion, wherein agencies and governments might too easily conclude that the entirety of this approach to ending homelessness is merely to begin housing the homeless. While that is a step in the process, it is but a piece of the Housing First approach. And unless all the various elements of the approach are also included in the actual work done on the ground, the success observed so far in communities that have tried the Housing First approach will not necessarily be replicated. This can lead to disappointment for those trying to implement new strategies, undermine the effectiveness of Housing First, and most importantly, fail to fully help those individuals in need.

Housing First encompasses a strategic application of key principles across the entire homeless-serving system. When it is introduced into a new jurisdiction, it must be accompanied by an overhaul of the current approach to social policy and service delivery. The implementation of Housing First requires a difficult and systematic process, beginning with planning and strategy development that recognizes how every part of the homeless-serving system will co-ordinate around the Housing First philosophy. In many cases, the entire organizational infrastructure will have to be re-aligned in a way that supports the implementation of a Housing First approach. On the ground, services must be co-ordinated in a way such that clients can be assessed by level of need using standardized methods across all agencies, while reducing duplication of services across agencies. An important part of this is the requirement for an effective and integrated information management, so that different agencies can track what services are — and are not — being provided to each client, to what effect, and how the client's need level changes over time. Finally, there must be formal systems of performance management and quality assurance to clarify whether systems are operating as they should, and whether goals — most importantly, improving the condition of clients — are being met.

There is a great deal of growing support for the Housing First approach in the non-profit sector and government sector alike. This presents an opportunity to make real progress in making wholesale changes to our approaches for ending homelessness, which have been needed for some time. Key to that is leveraging the widespread enthusiasm for Housing First programming into a reform for the entire homeless-serving system. Housing First as a popular catchphrase is not a magic bullet for ending homelessness — but as a philosophical basis for guiding broader change throughout the system, it does have the potential to get us closer to that ultimate goal.

INTRODUCTION

At least 200,000 people are estimated to experience homelessness in Canada every year; about 30,000 are homeless on any given night. The annual cost of managing homelessness — relying on emergency responses, such as shelters, policing, and emergency medical services — is estimated to be as high as $7.05 billion, annually.[1]

Increasingly, the notion of "Housing First" has been promulgated internationally as the turnkey solution to homelessness. In Canada, government investment in Housing First has become *de rigueur* from coast to coast.

The basic idea behind Housing First is simple: provide a person experiencing homelessness with housing, and then offer him or her supports to address other issues that he or she may be facing. Rather than requiring someone to prove their worthiness for housing, such as being sober, or getting a job, Housing First considers access to housing as an essential first step to recovery and inclusion. A main argument reinforcing the approach's value in efforts to address homelessness relies on proving cost savings realized. Various studies have provided evidence whereby Housing First interventions are considerably more cost-efficient than relying on emergency responses.

While Housing First, as a philosophy and specific type of program intervention, is a critical part of efforts to address homelessness, it is its strategic application across the homeless-serving system that is essential to making a sustained impact on homelessness.

This paper proposes the extension of Housing First as a guiding philosophy underpinning system-planning approaches to address homelessness. From a practical standpoint, the paper outlines essential elements involved in implementing Housing First from a systems perspective. The proposed approach sheds light on the potential application of system planning across, and within, other areas of social policy.

As a leader in the application of Housing First in a Canadian context, Alberta cities have experimented with the systems approach from a practical, on-the-ground perspective since 2008. Their incremental learning has led to the gradual emergence of an articulated systems approach developed through implementation. As other cities and provinces/territories delve into Housing First, learning from the Alberta experience can help save them from reinventing the wheel and help them avoid pitfalls in implementation.

From a policy perspective, the paper also aims to further discussions of policy integration and co-ordination. Researchers, practitioners and clients often lament the disjointed nature of policy and program implementation experienced on the ground by vulnerable groups. At times, policies seem to counter their stated intent, or that of another government ministry. In a way, the division of social policy into diverse areas of focus, each with their distinct department and priorities has contributed to this challenge.

Fragmentation within government with respect to social issues has translated into funding practices that encouraged the development of mirror non-profit systems. These services were borne out of client need but also available funding, shaped by diverse departmental mandates. However, because homelessness has not been a priority per se (at least until recently), these public systems have funded and implemented measures to move other priorities forward without a systematic approach to assess whether the same clients were being served across services at the government and non-profit service delivery levels.

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[1] Stephen Gaetz et al., The State of Homelessness in Canada 2013 (Homeless Hub, 2013), http://www.homelesshub.ca/sites/default/files/SOHC2103.pdf; Stephen Gaetz and Tanya Gulliver, Housing: Housing First (Homeless Hub, 2013), http://www.homelesshub.ca/Topics/Housing-First-209.aspx.

For Housing First to succeed as a new approach to ending homelessness, the experience in Alberta suggests that it must be introduced with an overhaul of our current approach to social policy and service delivery. An effective and co-ordinated strategy for responding to homelessness will necessarily have to grapple with the myriad social issues that accompany housing instability, including mental health, addictions, poverty, domestic violence, child intervention and justice-system involvement. To "turn off the tap" of homelessness, a co- ordinated effort among the service-delivery agencies and government departments involved in these areas is critical in order to make progress. Thus, while Housing First may be a promising endeavour, it can only succeed as part of a co-ordinated effort to overhaul policy and practice across these systems. Of course, this has implications for government and the non-profit agencies involved in these social issues, who must collectively recognize that if they want to be part of the solution, they will have to rethink significant aspects of their approach to service delivery and policy development.

A PRIMER ON HOUSING FIRST

Basic Tenets

The term "Housing First" was coined in the U.S. to refer to a matrix of policy and service responses relating to the idea that one cannot expect people experiencing homelessness to simply pull themselves out of extremely dire circumstances and demonstrate they are "housing ready" while still living in a shelter or outside.

From a service-delivery perspective, Housing First is a recovery-oriented approach focused on quickly moving people from homelessness into housing and then providing supports necessary to maintain stability.[2] Rather than requiring people who are experiencing homelessness to first resolve the challenges that contributed to their housing instability, including addictions or mental health issues, Housing First approaches emphasize that recovery should begin with stable housing.[3]

As a programmatic response, Housing First translates quite divergently, depending on the context of its application. In its "purest" form, it refers to services targeting single men and women experiencing chronic homelessness with co-current mental-health and addiction diagnoses who have lived in absolute homelessness for very long periods of time. The program uses rent subsidies to place individuals in market housing, and then a team of clinicians — including psychiatrists, doctors, social workers, occupational therapists, and social-integration experts — assists them in addressing the underlying issues that put them at risk of losing housing in the first place.[4] New York City's Pathways to Housing was the first program to articulate the theory of practice that is now at the base of ending homelessness initiatives.[5]

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[2]   See Gaetz and Gulliver, Housing.

[3]   Ana Stefancic et al., "Implementing housing first in rural areas: pathways Vermont," American Journal of Public Health 103 (2013), Supplement 2: S206-S209; S. Tsemberis, L. Gulcur and M. Nakae, "Housing First, Consumer Choice, and Harm Reduction for Homeless Individuals With a Dual Diagnosis," American Journal of Public Health 94,4 (2004): 651.

[4]   Alberta Human Services. Adopting a Housing First Approach (2012); Stephen Gaetz, Coming of Age: Reimagining the Response to Youth Homelessness (Homeless Hub, 2014); S. Tsemberis, L. Gulcur and M. Nakae, "Housing First," 651; Jeannette Waegemakers Schiff and Alina Turner, Housing First in Rural Canada: Rural Homelessness and Housing First Feasibility across 22 Canadian Communities (Calgary, Alta.: University of Calgary, 2014).

[5]   See Stefancic et al., "Implementing."

Beyond its initial scope, the term Housing First has become synonymous with many housing initiatives in Canada that resemble this model to various extents. Increasingly, Housing First has become intimately tied to broader ending-homelessness movements in the U.S., Europe, and Canada.

The generalized applicability of Housing First programs to other populations — including youth, families, and women fleeing domestic violence — is an ongoing endeavour. This broadening of scope beyond the target groups that Housing First programs were initially designed to address is an important issue that needs to be investigated.

The Business Case

A key reason for the growing popularity of Housing First is the business case that often accompanies it. This makes Housing First a common-sense solution not just from the perspective of what a caring society ought to address, but from a financial perspective as well. Across the U.S., Europe and Canada, communities have reported significant success in this regard.[6] In a study of homelessness in four Canadian cities, Stephen Pomeroy reports that institutional responses to homelessness, including prison and psychiatric hospitals, can cost as much as $66,000 to $120,000 per year.[7] This is notably higher than the cost of providing an individual with housing and supports (between $13,000 and $18,000 annually).

Members of Alberta's 7 Cities on Housing and Homelessness partnership were among the first to adopt the Housing First model in Canada. Between 2009 and 2013, they have collectively housed and supported 8,748 previously homeless Albertans, resulting in significant reductions in homelessness across the province. Housing First clients experienced significant reductions in public-system usage: 85 per cent fewer days in jail; 64 per cent fewer days in hospital; 60 per cent fewer interactions with Emergency Medical Services; 60 per cent fewer emergency room visits; and 57 per cent fewer interactions with police.[8]

At the community level, reported impact has been notable:

- Edmonton's homeless population decreased by 29.4 per cent;

- Wood Buffalo's (Fort McMurray's) homeless population decreased by 43.7 per cent;

- Lethbridge's homeless population decreased by 58.7 per cent;

- Medicine Hat reported a 40.0 per cent reduction in unique shelter users;

- Calgary's homeless population decreased by 1.9 per cent, compared to biennial increases of 30 per cent before 2008.[9]

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[6] Stephen Gaetz, "The real cost of homelessness: Can we save money by doing the right thing?" in Homeless Hub Paper, ed. Canadian Homelessness Research Network Press (Toronto: York University 2012), http://www.homelesshub.ca/ResourceFiles/costofhomelessness_paper21092012.pdf.

[7] Steve Pomeroy, The Cost of Homelessness: Analysis of Alternate Responses in Four Canadian Cities (Ottawa: National Secretariat on Homelessness, 2005).

[8] 7 Cities on Housing and Homelessness, Ending Homelessness (2014), http://www.7cities.ca/#!ending_homelessness/cy2g.

[9] ibid.

Policy Shifts

From a policy perspective, Alberta's success in transitioning to Housing First has benefited from significant shifts in direction resulting in significant provincial investment to support local efforts. Alberta developed the "Plan to End Homelessness," which outlined Housing First as its key guiding principle at a programmatic investment and policy level.[10] The plan called for major policy changes to income assistance, discharge planning from corrections, health, and child welfare, as well as new investment in program supports and affordable housing to operationalize Housing First from a systems perspective.

As such, the government committed to the core principles of Housing First applied across business areas. In practice, this has led to policy changes to accommodate such priorities as immediate access to housing. For example, Alberta has developed a process of providing identification to homeless persons to enable them to have access to income supports and other benefits.[11] Interdepartmental collaboration on shared-priority populations, particularly the chronically homeless, has resulted in co-funding of community-based Housing First approaches. In 2012, Alberta Health provided $5 million in funds to this end, complementing funding by Human Services.[12]

Alberta remains the only province in Canada committed to ending homelessness, putting significant funds forward to support Housing First efforts. In 2011/12, a total of $47.5 million came through — up 48.4 per cent from 2009/10. This rose to almost $60 million in 2012/13 — nearly doubling the 2009/10 investment.[13]

Government interest and investment in Housing First has occurred at the national level as well. The Mental Health Commission of Canada's At Home/Chez Soi project was launched in 2008 with a $110 million budget; it aimed to test the efficacy and cost effectiveness of Housing First through a research-demonstration project on mental health and homelessness in five cities.[14]

In 2014, the Commission released the results of the five pilot Housing First programs across Canada. The final report[15] estimates that about $9,250 per person per year was saved when clients received housing and supports when compared to social service spending on those who did not.

Various provincial and territorial governments are similarly refocusing funding priorities to support the transition to Housing First, including Newfoundland and Labrador, New Brunswick, Ontario and Quebec, although Alberta remains the only province committed to ending homelessness using Housing First principles.[16]

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[10] Alberta Secretariat for Action on Homelessness, A Plan for Alberta: Ending Homelessness in 10 Years (2008), http://humanservices.alberta.ca/documents/PlanForAB_Secretariat_final.pdf.

[11] Alberta Human Services, Personal Identification (2014), http://humanservices.alberta.ca/homelessness/14632.html.

[12] Alberta Human Services, Outreach Support Services Initiative (2013), http://humanservices.alberta.ca/homelessness/16050.html.

[13] Alberta Human Services, Adopting a Housing First Approach (2012), http://humanservices.alberta.ca/homelessness/15698.html.

[13] ibid; Alberta Human Services, Outreach.

[14] Notably, none of the five Mental Health Commission of Canada pilot sites were in Alberta. Mental Health Commission of Canada, At Home/Chez Soi Early Findings Report (Calgary, Alta.: 2012), http://www.mentalhealthcommission.ca/English/document/5032/home-interim-report; Stephen W. Hwang et al., "Ending homelessness among people with mental illness: the At Home/Chez Soi randomized trial of a Housing First intervention in Toronto," BMC Public Health 12, 1 (2012): 787.

[15] See Mental Health Commission of Canada, National At Home/Chez Soi Final Report (Calgary, Alta.: 2014), http://www.mentalhealthcommission.ca/English/node/24376.

[16] For a full listing of community homelessness initiatives across Canada, see: Homeless Hub Community Profiles, available online at: http://www.homelesshub.ca/CommunityProfiles. For analysis of initiatives, see Gaetz et al., The State.

Similarly, a range of municipal plans to end homelessness following the Housing First model have emerged on the heels of the Alberta cities since 2008, including in Victoria, Vancouver, Saskatoon, St. John's, N.L. and Ottawa.[17] A full analysis of these shifts is beyond the scope of this paper; however, it is important to highlight that funding and policy-discourse changes are underway, which will continue to have a significant impact at the community and client level.

From a policy perspective, Housing First has become a stamp of approval for government investments in programs that aim in several ways to assist lower-income people in maintaining and obtaining housing. Federally, the Homelessness Partnering Strategy (HPS) started a significant policy change in 2013 whereby $119 million in investments allocated across Canada in 61 designated communities are now required to support Housing First activities to reduce homelessness.

Under the renewed funding stream, HPS Housing First funds can be used by designated communities to support Housing First programs, particularly Intensive Case Management (ICM) and Assertive Community Treatment (ACT) approaches. This presents a significant shift from the predominant use of HPS funds for capital projects in many communities.

HPS has defined the six Housing First principles that are relevant at the program and system levels:

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

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

3. **Separating housing provision from treatment services:** Acceptance of treatment, following treatment, or compliance with services is not a requirement for housing tenure, but clients agree to monthly visits.

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

5. **Integrating housing into the community:** This is to encourage client recovery.

6. **Recovery based and promoting self-sufficiency:** The focus is on capabilities of the person, based on self-determined goals, which may include employment, education and participation in the community.[18]

Because this focus on Housing First is occurring at the federal level, the trickle-down effect is poised to have a broad reach across Canada. HPS funds are the primary sources of government support for homelessness in many communities, especially smaller centres; this transition will mean that all 61 designated communities and myriad rural and remote counterparts who receive federal funds need to adhere to HPS's requirements on Housing First.

By 2016, communities must allocate a certain amount of their investment towards Housing First; this will have significant impact on service delivery locally. It is also an opportunity for communities to reconsider their overall approach to homelessness from a system-planning perspective and to use HPS and other Housing First funds available to prompt more transformational changes.[19]

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[17] See Gaetz et al., The State.

[18] Employment and Social Development Canada, Housing First Approach (2014), http://www.esdc.gc.ca/eng/communities/homelessness/housing_first/approach/index.shtml.

[19] In the U.S., where Housing and Urban Development is a primary funder of Continuums of Care (collaborative homeless service-delivery mechanisms), this shift to systems approaches to ending homelessness and Housing First occurred in the 1980s, which means the U.S. experience can provide Canada with significant implementation learnings moving forward.

BEYOND PROGRAMS

Where implemented, Housing First has had significant impacts both at the programmatic practitioner-client level, but also on communities' overall approach to homelessness. In Alberta, for example, community-based organizations in charge of administering provincial and federal homelessness funds began contracting providers to implement Housing First based on "best practice" reviews and learnings shared by providers in U.S. communities that have been invited to teach their Canadian counterparts the ropes of the approach.[20]

Often, local non-profits had already been undertaking activities that resembled Housing First, and could rebrand these with new language. In some cases, programs followed fidelity measures set out by established Housing First programs, such as the Pathways to Housing program in Calgary modeled after the New York City initiative. In such a case, the program had to demonstrate adherence to the model's standards of practice, and was measured to ensure compliance by outside evaluators. In other cases, programs continued on with pre-existing activities, dubbing these Housing First without significant changes.

Other service providers made some modifications to the program's design to accommodate the call for fewer requirements for housing readiness.[21] Facing a slew of programmatic "innovations," funders such as the Calgary Homeless Foundation and Homeward Trust in Edmonton developed standards of practice for Housing First programs to ensure compliance and service quality across funded agencies within their jurisdictions.[22]

Housing First can be conceptualized as a programmatic intervention aimed at rapidly rehousing individuals and supporting them to maintain housing stability. However, learnings from implementing Canadian communities, as well as those in the U.S., suggest that the shift to Housing First is much more fundamental than introducing specific programs.

At this point, we need to make an important distinction between Housing First as a philosophy that emphasizes the right to housing, and as a specific program model of housing and wraparound supports guided by consumer choice.

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[20] Susan Scott, Beginning of the End tells the story of the Calgary Homeless Foundation and one community's drive to end homelessness (Calgary, Alta.: Calgary Homeless Foundation, 2012).

[21] ibid.

[22] Cf. Calgary Homeless Foundation, and Canadian Accreditation Council, Standards of Practice: Case Management for Ending Homelessness (Calgary: 2011).

System planning using Housing First as a guiding philosophy is a method of organizing and delivering services, housing, and programs that co-ordinates diverse resources to ensure that efforts align with homelessness-reduction goals. Rather than relying on an organization-by- organization, or program-by-program approach, system planning aims to develop a framework for the delivery of initiatives in a purposeful and strategic manner for a collective group of stakeholders.[23]

At its most basic definitional level, a system is the integrated whole comprised of defined components working towards a common end. System planning requires a way thinking that recognizes the basic components of a particular system and understands how these relate to one another, as well as their basic function as part of the whole. Processes that ensure alignment across the system are integral to ensure components work together for maximum impact.

Applying this concept to homelessness, a homeless-serving system comprises a diversity of local or regional service-delivery components serving those who are homeless or at imminent risk of homelessness.[24]

The literature relevant to homeless system-planning is generally focused on service integration and co-ordination within a defined service dimension or across service dimensions. For example, a landmark study from Australia aims to understand how service co-ordination works at the frontline-staff levels in the homeless, mental-health and addictions sectors to maximize impact for dual-diagnosis clients experiencing chronic homelessness.[25]

Here, a note on current approaches to integration should be made. The notion of integration is about working together to improve results,[26] which can take the form of a collaborative arrangement around referral of clients and good communication between staff in different organizations to co-ordinated delivery of services and full integration where the resources of different organizational units are pooled in order to create a new organization.[27]

System-level integration can entail centralized management and funding, while at the service level, it can involve the "coordinated delivery of individual services within and/or across different sectors"

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[23] Tom Albanese, Performance Measurement of Homeless Systems (Housing and Urban Development, 2010); Tyrone Austen and Bernie Pauly, "Homelessness Outcome Reporting Normative Framework: Systems-Level Evaluation of Progress in Ending Homelessness," Evaluation Review 36, 1 (2012): 3-23; M. Burt et al., "Strategies for Preventing Homelessness" (Washington, D.C.: U.S. Department of Housing and Urban Development Office of Policy Development and Research / The Urban Institute, 2005); Greg Greenberg and Robert Rosenheck, "An Evaluation of an Initiative to Improve Coordination and Service Delivery of Homeless Services Networks," The Journal of Behavioral Health Services & Research 37, 2 (2010): 184-196; Ralph Hambrick and Debra Rog, "The Pursuit of Coordination: The Organizational Dimension in the Response to Homelessness," Policy Studies Journal 28, 2 (2000): 353-364; Laurence Karper et al., "Coordination of Care for Homeless Individuals with Comorbid Severe Mental Disorders and Substance-Related Disorders," Journal of Dual Diagnosis 4, 2 (2008): 142-157; Alvin Mares, Greg Greenberg and Robert Rosenheck, "Client-level Measures of Services Integration Among Chronically Homeless Adults," Community Mental Health Journal 44 (2008): 367-376; National Alliance to End Homelessness, What Gets Measured, Gets Done: A Toolkit on Performance Measurement for Ending Homelessness (Homelessness Research Institute, 2008); Ethan Nebelkopf and Serena Wright, "Holistic System of Care: A Ten-Year Perspective," Journal of Psychoactive Drugs 43, 4 (2011): 302-308; U.S. Department of Housing and Urban Development, Evaluation of Continuums of Care For Homeless People Final Report (Office of Policy Development and Research, 2002).

[24] See: Albanese, Performance; Austen and Pauly, "Homelessness Outcome"; and Burt et al., "Strategies for"; and U.S. Department of Housing and Urban Development, Evaluation.

[25] Paul Flatau et al., "How integrated are homelessness, mental health and drug and alcohol services in Australia?" in AHURI Final Report No. 206, ed. Australian Housing and Urban and Research Institute (Melbourne: AHURI, 2013).

[26] Integration begins with fragmented or independent service-delivery undertaken by autonomous agencies, then moves through a continuum that ends with full integration: Information sharing and communication, co-operation and co-ordination, collaboration, consolidation, and integration. The intensity ranges from informal information sharing to full integration, where a single authority covering all relevant needs of clients blends all activities funded through a common pool. E. Konrad, "A multidimensional framework for conceptualising human services integration initiatives," New Directions for Evaluation 69 (1996): 5-19.

[27] See Flatau et al., "How integrated," 3.

within (vertical integration) and/or between (horizontal integration) agencies.[28] Various means of describing and evaluating the level of integration within and between systems exist, essentially moving from fragmentation of service delivery by autonomous agencies towards full integration where services are consolidated under one lead organization's leadership.

Several U.S. studies suggest that service co-ordination closest to the client is more effective than broader top-down structural integration measures in terms of individual housing and health outcomes.[29] In fact, some literature argues that structural integration is not empirically linked to improved client-level outcomes, whereas localized service integration is.[30] Ultimately, it may be better that a combination of multi-level, multi-instrument strategies and policy alignment are employed to enhance the success of efforts.[31]

In this vein, Housing First is a call to address homelessness service and policy co-ordination and integration differently. System planning requires a reorganization of the service-delivery landscape using the principles of Housing First, tying together the activities of diverse stakeholders across diverse systems towards the shared goal of reducing and preventing homelessness.

Current academic research on homeless system-planning practice remains relatively underdeveloped, although policy, practice, and research leaders in the field have considered it to be central to shifting approaches to addressing homelessness.[32] A lack of information for non-profit and public-sector stakeholders on how to operationalize system planning is further hampering efforts.

ESSENTIAL ELEMENTS

Housing First remains a relatively new approach in Canada, and in many ways communities are still learning. Theorizing about ending homelessness is certainly an important part of the effort, yet it can only go so far. Implementing organizations want practical solutions from those who have gone before them; practical experience in shifting systems needs to be articulated and shared to help guide and inform Housing First transitions across the country.

Every community will have different needs and issues that will need to be accommodated by any Housing First effort; as a result, adopters of the approach will need to show flexibility in how they implement the approach. Though every community is unique and will have to find its own way through the process, there are common themes that can be considered in Housing First efforts based on the experience of cities who have already undergone this process.

This section outlines several elements that should be considered in operationalizing system- planning approaches to homelessness grounded in Housing First. They are drawn primarily from the practical-implementation learnings of Alberta communities and are presented as considerations for key stakeholders advancing solutions at the community and/or regional level.

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[28] Browne et al.'s framework of integration is conceptualized in terms of structure, functioning and effectiveness. This reflects "the number of sectors involved in the network (extent of integration), the number of service types or forms of assistance within the network ('scope'), and the degree of exchange among individual services ('depth')" (Flatau et al., "How integrated," 10). Gina Browne et al., "Conceptualization and measurement of integrated human service networks for evaluation," International Journal of Integrated Care Oct.-Dec, 7 (2007): e51.

[29] See Hambrick and Rog, "The Pursuit."

[30] See Greenberg and Rosenheck, "An Evaluation"; and Mares, Greenberg and Rosenheck, "Client-level Measures."

[31] See Flatau et al., "How integrated."

[32] See Greenberg and Rosenheck, "An Evaluation; Hambrick and Rog, "The Pursuit"; and Nebelkopf and Wright, "Holistic System."

These practical elements of homeless-serving system planning are presented to refocus and extend the dialogue on Housing First from a research, policy and practice perspective. These elements should be considered at various organizational levels within a service network, particularly for stakeholders involved in managing co-ordination functions. In some sites, these roles are located within municipalities, non-profit funders, agency collaboratives, or government departments.

These elements have been drawn from my practical on-the-ground experience developing and implementing homeless system planning in Calgary (from 2008 to 2013), and through technical assistance provided to other communities in this regard, specifically Medicine Hat and Lethbridge in Alberta, Kamloops and Williams Lake in B.C., and St. John's, N.L. Research on Alberta and Canada rural homelessness in 40 communities, as well as supporting the HPS transition to Housing First nationally using systems approaches has also been instrumental to shaping the following elements.

ESSENTIAL ELEMENTS

1. **Planning and Strategy Development** process follows a systems approach grounded in the Housing First philosophy.

2. **Organizational Infrastructure** is in place to implement homelessness plan/strategy and co-ordinate the homeless-serving system to meet common goals.

3. **System Mapping** to make sense of existing services and create order moving forward.

4. **Co-ordinated Service Delivery** to facilitate access and flow-through for best client and system-level outcomes.

5. **Integrated Information Management** aligns data collection, reporting, intake, assessment, referrals to enable co-ordinated service delivery.

6. **Performance Management and Quality Assurance** at the program and system levels are aligned and monitored along common standards to achieve best outcomes.

7. **Systems Integration** mechanisms between the homeless-serving system and other key public systems and services, including justice, child intervention, health, immigration/settlement, domestic violence and poverty reduction.

1. Planning and Strategy Development

Where formalized strategies to address homelessness exist, they are not necessarily focused on implementing a systems approach. Yet without a formalized commitment to system planning, such strategy development and planning efforts can easily lead community efforts astray, implementing piecemeal programs instead of transforming the service-delivery landscape. This means that the engagement of key stakeholders in developing formal plans to end homelessness, as well as the implementation strategies moving the plan into action, must embed the systems approach throughout.

Collaborative homelessness planning and strategy-development processes exist across Canadian communities, often accompanying funding allocation from federal and provincial/territorial governments. For example, the HPS federal funding program requires that multi-stakeholder advisory bodies develop and approve community-wide plans to address homelessness. Most recently, this has extended into the requirement to demonstrate adherence to Housing First principles; this means that for funding to flow to communities, plans must meet federal criteria regarding Housing First.

Systems-focused plans to address homelessness emphasize shifting from managing homelessness to ending it by closing the front-door of emergency responses, opening the back door into permanent housing, and building the infrastructure to sustain the approach.[33] Such plans often present community targets and metrics to track progress over time and can include cost estimates of implementation, as well as allocation of responsibility for particular actions across stakeholders.

In reality, capacity to develop systems approaches to Housing First is limited across the country as result of sparse adoption and resources for implementation. In some rural communities, for example, homelessness is not even acknowledged to exist — making innovative systems approaches a tough sell. As a result, planning and strategy development can be partial and sporadic in many instances.

Capacity building and knowledge dissemination on system-planning approaches to Housing First would go a long way in addressing such issues. A regular and systematic process should be in place that engages diverse stakeholders in reviewing progress and learnings, making decisions on strategy shifts based on new learning and evidence.

Such ongoing planning and strategy-review processes can inform annual implementation, drawing on information gathered at the operational level and emerging research to determine implications on program and system design moving forward. This planning cycle ensures that strategy implementation is consistently reviewed and that adjustments to implementation are made in real time.

2. Organizational Infrastructure

The implementation of a systems approach relies on organizational infrastructure that can serve as the backbone of the initiative. Often, this takes the form of a lead entity that can manage diverse relationships and agendas to move community priorities forward. In practice, such lead organizations often have a number of well-defined roles. They may be municipal governments or non-profit funders who oversee financial reporting or monitoring. In other contexts, they are made up of a range of representative stakeholders working as a collaborative.

The work of the lead organization includes developing the aforementioned formalized strategy- review process that incorporates various information sources in decision-making around funding allocations as well. In some cases, the line between the lead organization and funding services is direct (they are both funder and lead organization); however, in other instances, they are only able to influence investment indirectly through advocacy, relationship building, and so on.

In either case, the lead organization should play a principal role in implementing the local homelessness plan/strategy as well as its continuous improvement. In this manner, the lead organization is not simply a funding administrator, but rather the key driver and catalyst for change in communities transitioning to Housing First.

To implement system planning, these bodies have to also manage more complex and fluid tasks, such as transitioning an array of services in a community to Housing First. The lead organization often has limited control over the actions of diverse stakeholders in a community, yet still needs to provide the necessary leadership to move plans forward. The location of these organizations can impact operations and effectiveness as a result of the diverse and shifting administrative and policy context in which they operate.

While these bodies may be accountable for managing funding on behalf of a government department of private donors, the homeless-serving system is not limited to the reach of one particular funder. The role

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[33] Canadian Alliance to End Homelessness, A Plan, Not a Dream: How to End Homelessness in 10 Years (2013), http://www. caeh.ca/wp-content/uploads/2012/04/A-Plan-Not-a-Dream_Eng-FINAL-TR.pdf.

of the lead organization includes weaving the vast array of services funded by multiple sources into a coherent service landscape moving towards shared goals.

Of course, funders prescribe particular requirements that must be met; for example, HPS prioritizes Housing First programs focused on chronic and episodic homelessness. The lead organization's role is to co-ordinate to the best of its ability the diverse funding streams towards system needs, which likely encompass a broader range of services required to reduce homelessness, even if diverse funders only fund portions thereof.

Whether on its own, or as part of a collective, these organizations co-ordinate system-planning and performance-management processes to meet local community goals, while satisfying diverse funder expectations. This is a significant undertaking in relationship management and collaboration, relying on the development of a unique set of skills within the lead entity.

Of particular note, especially in small communities, is the key co-ordination roles played by particular individuals who take on leadership roles in this work. As the "glue" binding the various stakeholders together, co-ordinators play critical roles spanning organizations vertically and horizontally. In certain cases, they may have formal positions to provide this function; in other cases, they take on this work on as part of existing portfolios. In smaller, less organized communities, co-ordinators often work part-time or provide this role as volunteers. Whatever their particular official roles, these individuals are behind-the-scenes champions who take on essential system-planning work.

3. System Mapping

Creating order out of a range of programs and services in an existing community can seem like a daunting task, particularly in larger centres with hundreds of providers involved. However, without a clear and agreed-upon understanding of the local service-delivery landscape, efforts to end homelessness risk being one-offs that fail to fundamentally shift the community to Housing First.

To discern the structure of a local homeless-serving system, identifying the various services being delivered for homeless and at-risk groups and classifying these according to service types (transitional housing, emergency shelter, supportive housing, outreach, etc.) is a first, though difficult, first step.

This process can serve as an opportunity to assess current capacity in the system as well, by enumerating things like the number of beds and the number of clients served per year. It can also serve as a means of identifying the diverse funders of these services and their expectations, which allows for a better understanding of the funded (formal) role versus actual operational functioning of available services. For example, some providers are funded to operate transitional housing, but in practice do not institute length-of-stay requirements, operating in practice as long-term supportive housing.

This mapping process allows communities to also discern points of articulation between specific homeless services and public systems (i.e., hospital, jails, etc.). Often, this also reveals some key capacity gaps and duplication in terms of services, but also areas of system-wide concern, such as divergence in data-management processes and requirements, service and performance standards, referral processes and eligibility criteria.

While large centres, such as Calgary, often deal with over 100 agencies and thousands or programs, some communities have very limited services available for homeless and at-risk groups. Some rural communities may only have one shelter and several affordable housing units, with no case-management or housing-location supports. Others have a wide variety of programs, at times seemingly overlapping in their roles. In either case, making sense of the current system is a crucial first step.

The system-mapping process allows communities to gain clarity on service types using common definitions and clearly articulated relationships among components. By defining the role of services and how they work together (or where they fail to), communities can gain valuable insights into the dynamics of the local response to homelessness and where shifts can occur to meet common goals.

While no perfect homeless-serving system exists, there are key system components that can contribute to homelessness reduction. For example, if a community only has emergency shelter supports, but no rehousing supports, it is likely less effective at assisting those experiencing homelessness with accessing permanent housing options. For communities dealing with high numbers of complex clients who are experiencing homelessness along with mental health issues, addictions, and other needs, the lack of long-term supportive housing can hamper the successful housing stability of these people.

After assessing the current state of the local system, a community can consider mapping the current system's capacity to deliver an end to homelessness against an ideal type. This can reveal key services that are missing (or over-developed) and can shape future priorities.

It is important to highlight again, that while Housing First programs are important to reducing homelessness, it is the reorientation of the entire service system towards Housing First as an approach that is essential. In this manner, emergency shelter and transitional housing can and should have a critical part to play in a homeless-serving system based on the Housing First approach.

The following diagram presents some of the common program components of successful homeless-serving systems. Appendix 1 outlines these components in further detail. It is important to note that each of these program components plays a particular role in the homeless-serving system. No one program or program type can reduce homelessness in a community. It is the relationship between these interventions, articulated at the system level, that ultimately drives common community goals.

HOMELESS-SERVING SYSTEMS
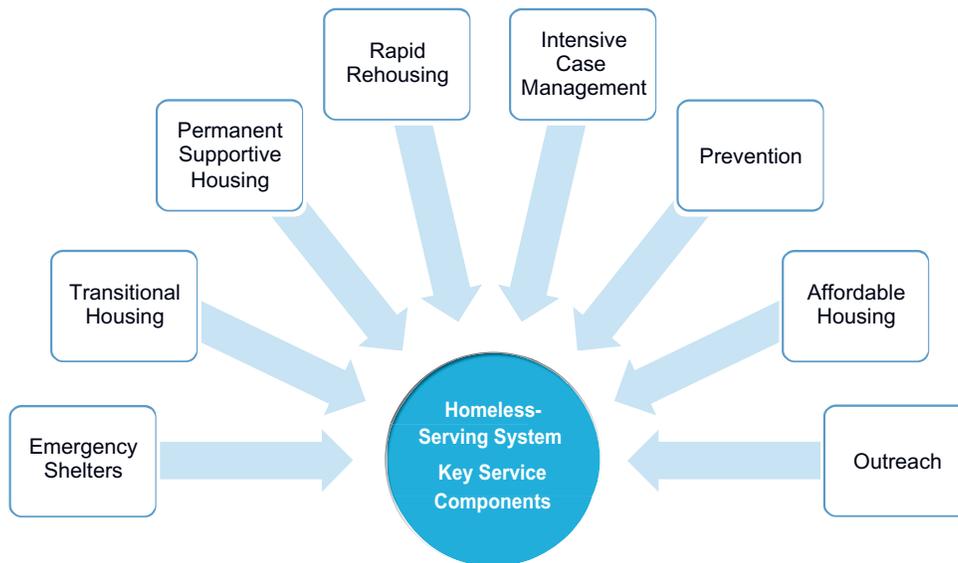
4. Co-ordinated Service Delivery

Once a clear picture of the current service system is established, there is a need to develop formalized mechanisms that encourage co-ordination among the various system components within and between organizations. Taking on Housing First as a guiding philosophy across services requires the development of processes to match clients with the right service and housing intervention, as well as processes to enable co-ordinated service delivery where appropriate. In this context, the Housing First call to rehouse those experiencing homelessness rapidly into permanent housing must be appropriately applied to ensure the right client has timely access to the right housing and supports.

To ensure that diverse services are aligned to work towards common purposes, several mechanisms that encourage integration need to be considered. This does not mean diverse services collapse into one organization, but rather that a set of intentional practices are established to promote formalized service-delivery co-ordination to enhance client outcomes and client perception of a seamless, effective system. To this end, a co-ordinated access and assessment process that uses common measures of need and prioritization processes to determine appropriate placements in diverse programs is a key ingredient.

Co-ordinated access is a means of streamlining access to all (or most) components of the homeless-serving system. In some cases, this translates into creating a single entry point into programs and housing aimed at facilitating access for clients. Centralized intake would make the analysis of system demands much easier and it reduces duplication and generates data on demand from a single source.

In Canadian communities, where such central access points exist (particularly in Alberta), they remain partially developed and implemented. In reality, multiple entry points into the homeless-serving system continue to exist: clients access services from a diverse number of "front-doors": emergency shelters, soup kitchens, supportive and affordable housing, etc.

Further, there is no right way of delivering co-ordinated access; a well-co-ordinated, decentralized system can exist, facilitated by well-defined eligibility and referral processes across the homeless-serving system, that facilitate appropriate referrals and reduce client and frontline frustration.

Whether centralized or not, co-ordinated access requires common means of assessing client levels of need in order to best match them with available resources. This means that a community requires a way of conducting standardized assessments at entry, as well as developing prioritization processes to allocate finite resources.

Assessing the level of need to assign resources considers issues such as health, mental health, addictions, and system interactions, as well as homelessness patterns, along with client preferences in terms of housing location and unit type. Using this information, a standardized assessment process can be applied to match clients to interventions using common factors.

While several options of such needs assessments exist and are in use currently, system planning requires homeless services to implement a consistent assessment tool across the board.

Having such assessments in place helps services and co-ordinating bodies match clients with appropriate programs at the micro and macro levels. Lead organizations can analyze trends in levels of need for service-planning purposes and policy development. From a frontline and service co-ordination perspective, allocating a client with lower levels of need into a very intensive, long-term supportive housing program will not only fail to serve the client's needs, but will also take up valuable and limited program spaces away from someone who would benefit from them.

Standardized assessments to gauge client progress can also serve as a means of encouraging integration by allowing services to "speak the same language," particularly where co-ordinated service delivery is appropriate. For example, a client may be accessing services from a rapid- rehousing program to access

a scattered-site rental unit, but may also require addictions services from another provider; common assessment tools can facilitate co-ordination of such services at the frontline level. At the system level, data aggregated from standardized assessments can provide important information on the effectiveness of services at an individual and system level as well.

It is important to ensure eligibility and prioritization criteria at the service levels are in place system-wide as well. One example would be the creation of prioritization processes whereby clients who are experiencing transitional homelessness (for short durations) are prioritized for access to services, while the system-level priorities are to address chronic homelessness. Such system priorities are aligned with the broader strategic goals the community aims to achieve. Transparent and consistent means of referring and transitioning clients among services can reduce frustration and align delivery further.

5. Integrated Information Management

To tie diverse service providers together into a well-co-ordinated system, shared information becomes essential. Integrated information-management systems allow for a common means of collecting and sharing longitudinal person-level information about those accessing the homeless-serving system.

Often known as Homelessness Management Information Systems (HMIS), these web-based tools allow service providers to align data collection and reporting, which are often fragmented in current practice. They can also serve as the technological backbone that enable intake, assessment, referrals and service co-ordination across the homeless-serving system to be operationalized.

It is important to note that HMIS is a concept rather than a particular database or software solution. In fact, there are over 40 different HMIS software options available. In Alberta, Efforts to Outcomes and Bowman Systems are in use at this time. Other communities, such as Toronto, have developed their own in-house systems.

An open integrated-information system (as opposed to a closed one) allows agencies to share client-level information in real-time, system wide; for example, two providers working with the same client can have access (with the client's permission) to the client's data for the purposes of co-ordinating services. At the system level, aggregate information on client use patterns can be assessed to determine how system components are functioning on their own and as part of a greater whole against system and client-level outcomes.

These information systems, if implemented in a comprehensive manner across services, can effectively stitch together the homeless-serving system and provide real-time, service- participant-level longitudinal data to enable co-ordination. They are absolutely essential tools to enable system planning from a practical perspective. Such an approach can align funder mandates and leverage resources, reduce duplication and ultimately make measurable change visible using real-time data. Without such visibility of the homeless-serving system, the ending-homelessness efforts are severely hampered.

Software products developed to enable these functions all share the capacity to generate unduplicated counts of clients served at the local level, analyze patterns of use of people entering and exiting the homeless-serving system, and enable its performance management at the program and system levels. These tools also enable diverse programs and homeless-serving systems as a whole to report progress using reliable data to funders and the public.

HMIS has been implemented for over 20 years in the U.S. across more than 300 communities. In Canada, The seven cities in the Alberta partnership have developed and implemented HMIS locally. While privacy legislation is an important factor in information-system development, it is by no means prohibitive to implementation. Working through privacy-impact assessments provincially can ensure information sharing, storage and security measures that satisfy all applicable legislation.

To develop and implement an integrated information-management system, diverse providers need to agree on common data elements and program and system-level indicators, as well as operating policies and procedures. Further, monitoring processes are needed to ensure compliance with privacy requirements and funder expectations, as well as agency-level needs.

6. Performance Management and Quality Assurance

Once system-structure and service-co-ordination processes are clarified, performance management can also be developed at the program and system levels, leveraging integrated information management. A systems-focused performance-management process can develop a clear understanding of the impact on priority populations against targets, but can also illustrate levels of performance at the service level.

This requires stakeholders to agree on common indicators and targets at the system and program levels that align with Housing First (i.e., immediate access to permanent housing, client choice, etc.). Sample indicators address issues such as occupancy, length of stay, destinations at exit, recidivism, rehousing rates, income, self-sufficiency, acuity, and interaction with public systems.[34]

A distinction should be made between program- and system-level performance indicators here:

- **Program-performance indicators** vary depending on the target population, program purpose, services design, etc. They are useful for measuring program performance of individual programs and for comparing performance across similar programs.

- **System-performance indicators** reflect aggregate system performance and impact. They are used to measure achievement across the homeless-serving system towards high-level goals and can be used compare various communities.[35]

Under Housing First, the system should work to reduce length of stay in emergency shelters and demonstrate stability in longer-term options and positive housing exits from programs, along with decreased recidivism among rehoused groups, increased self-sufficiency and income. Overall, if operating efficiently with adequate resources, homeless-serving systems can assess overall reductions in homelessness using a range of information sources, including point-in-time counts and information-system data.[36]

Program-level indicators align to their system-level counterparts to demonstrate how a particular program contributes to a homeless-serving system's progress towards reducing homelessness. No one program can reduce homelessness on its own; an intentional systems approach is critical to ensuring that interventions are aligned and working towards broader community goals without unnecessary duplication or gaps.

Similarly, quality-assurance standards for services are needed to ensure best results. Transparent and agreed-upon service standards across the homeless-serving system need to be developed, implemented and monitored consistently. Quality assurance not only covers areas like case-management practice, but also issues of staff, client and community safety, grievances and serious incidents.

Quality assurance links the numerical aspects of performance management to complementary qualitative processes in a feedback loop of continuous improvement. Funders or co-ordinating bodies

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[34] For a full discussion on program and system indicators and targets, please see Alina Turner, A Guide for Community Entities to Performance Management under Housing First (prepared for the Homeless Partnering Strategy, Government of Canada, 2014).

[35] See Albanese, Performance.

[36] For a full discussion on program and system indicators and targets, please see Turner, A Guide.

with the accountability for quality assurance can assess quality by developing, monitoring, and supporting common service standards across the homeless-serving system. This includes the direct monitoring and remediation of service standards as well as financial-, outcome- and contract-compliance information.

Service standards articulate formalized expectations of services regarding quality of care and contractual obligations aligned with Housing First. Service standards can be developed at program and system levels to assess quality across the homeless-serving system. Agreed-upon standards, policies, and protocols guide program and system functioning, including referral processes, eligibility criteria, service quality, client engagement, privacy and safety, to reinforce diverse services working as a system.

To support service quality and performance, capacity building and technical assistance is required as well, particularly for the frontline staff who are leading implementation. In this manner, service monitoring, investigations of serious incidents and grievances, and remediation is focused on continuous improvement through technical assistance and capacity building.

Without adequate resources in place to support uptake, buy-in from frontline staff is limited. This not only includes the development of resources (toolkits, tip sheets, webinars, conferences, etc.) and technical assistance, but also ensuring adequate time to manage changing expectations and workloads.

Client input should be incorporated in strategic planning at the macro level as well as via quality-assurance processes, wherever possible and appropriate. For instance, a client advisory can provide input on elements of system planning, investment priorities to address service gaps, emerging trends, program performance and service quality.

7. Systems Integration

Once the structure and alignment of the homeless-serving system are defined, the points of intersection with other systems become clearer. One of the key roles of the lead organization is to work with stakeholders to integrate the homeless-serving system with key public systems and services, including justice, child intervention, health, immigration/settlement, domestic violence and poverty reduction.

The capacity of communities to implement system planning requires both informal and formal processes to support functioning as a collaborative. Service co-ordination refers to the processes necessary to integrate the homeless-serving system at vertical and horizontal levels, as discussed earlier. The frontline service providers working with the target population benefit from regular meetings where co-ordinated case planning can occur, and where standards of service quality or referral processes can be discussed and shifted to support community-plan goals.

Further, leadership across homeless-serving organizations should be engaged formally in developing system-planning targets, determining priorities for investment and identifying trends and necessary system adjustments. Policy changes, where needed, can be identified and implemented in a co-ordinated manner across service providers operating as non-profits or as government bodies.

At the frontline and leadership levels, discharge- and transition-planning committees can work to ensure clients do not cycle in and out of public systems, such as jails, hospitals and homeless shelters, by developing referral networks and programs specifically targeting those at imminent risk for discharge into homelessness.

It is important to highlight that service co-ordination can and should be realized at both horizontal and vertical levels. This means that stakeholders involved are not simply the "obvious" players in the homeless-serving system, such as emergency shelters, transitional- housing providers, and outreach services. These stakeholders include public systems, such as correctional services and hospitals, mental

health units, police and bylaw services. Further, mechanisms to engage political stakeholders across levels of government and the faith, private and academic sectors are integral to ensuring long-term sustainability.

In fact, integration efforts to ensure government policy and practice align to support ending homelessness are essential to community success. Having key ministries' engagement in a structured manner, at the leadership level, can provide an integral element to system co- ordination at provincial and federal levels. The Alberta Interagency Council on Homelessness is one such example that aims to ensure provincial policy is aligned with and supportive of community-based initiatives to end homelessness.

This system-integration work can also result in processes that integrate Housing First programs with public systems. For example, Lethbridge has implemented a Housing First intensive case- management program with a focus on reducing the discharging into homelessness of high- acuity clients with long-term histories of homelessness and justice interaction.

In this manner, the first six essentials of system planning described can be extended as part of broader system-integration work. The following chart shows how the system-planning approach can reach within and across diverse systems, tying them into a coherent whole to achieve common aims relating to a shared target population. This approach requires integration at the client, frontline, organizational, funder, and even political levels across diverse systems.

Focus on Homeless-Serving System	Focus on Systems Integration
Planning and Strategy Development Local/regional strategy follows a systems approach and the Housing First philosophy to end homelessness.	Development of shared planning approaches across systems, focused on common target population.
Organizational Infrastructure Organizational infrastructure is in place to implement homelessness plan/strategy and co-ordinate the homeless-serving system to meet common goals.	Co-ordinating infrastructure to lead integration efforts across systems is established.
System Mapping Making sense of existing services and creating order moving forward.	Extending service mapping to document populations experiencing homelessness and housing-instability touchpoints across systems.
Co-ordinated Service Delivery Ensuring key system-alignment processes are in place to facilitate access and flow-through services for best client and system-level outcomes.	Development of co-ordinated access, assessment and prioritization to determine service matching for clients across systems using shared processes, and facilitating integrated service delivery.
Integrated Information Management Shared information system aligns data collection, reporting, co-ordinated intake, assessment, referrals and service co-ordination in the homeless-serving system.	Extending the use of a shared information system, or developing data bridges among existing systems to enable information sharing for service co-ordination and planning purposes.
Performance Management and Quality Assurance Performance expectations at the program and system levels are articulated; these are aligned and monitored along set service standards to achieve best outcomes. Resources are in place to support uptake across organizational levels.	Common indicators are developed across similar service types and at system levels to articulate how components fit as part of a broader whole. Service quality standards are in place across systems providing similar function and reinforced through monitoring and capacity building.

BEYOND SYSTEMS

The fragmentation and duplication of the current approach to addressing homelessness is partially the result of the ways in which approaches to social policy have compartmentalized the diverse needs a person may have, creating parallel systems to deliver interventions accordingly.[37]

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[37] See Gaetz, Coming of; Burt et al., "Strategies for"; Karper et al., "Coordination of"; and Flatau et al., "How integrated."

It is tempting to make sense of complexity by dividing the person into his or her diverse "barriers" and taking them on one at a time, but that is not how the real world works. Similarly, expecting systems that are focused on one particular aspect of human experience to resolve that aspect in isolation is further problematic. Homelessness exposes how individual and family experiences with housing instability, trauma, abuse, addictions and mental health, along with involvement with corrections, child intervention, and health systems, are all interwoven.

Multiple, fragmented systems serving aspects/segments of homelessness

Integrated system addressing homelesness and intersecting issues from person-centred perspective
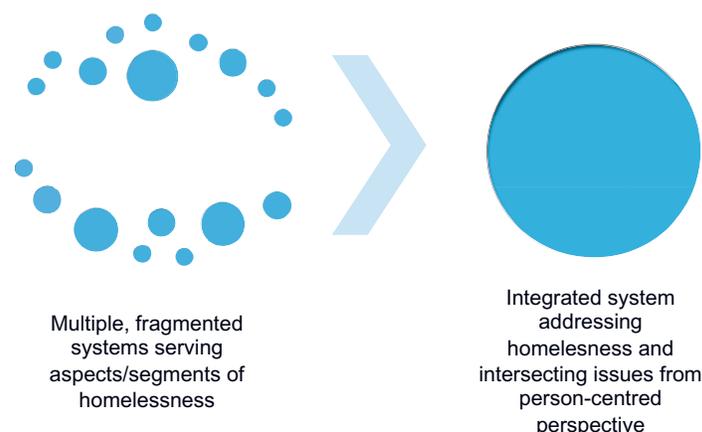
In many ways, the focus on homelessness has revealed how closely housing instability is tied with high levels of public-system interaction in the areas of health, corrections, income supports, child intervention, etc. In this sense, the recent move towards system planning and integration, that started with the program-level service co-ordination work of Housing First initiatives, presents an important opportunity to develop more holistic approaches to responding to co-occurring issues, particularly involving mental health, addiction, justice- system involvement and housing instability[38] at the service-delivery and policy levels.

By regarding Housing First as a guiding philosophy underpinning system-planning approaches to addressing homelessness, we can leverage support for the concept to prompt the restructuring of service delivery across systems for better client and community outcomes. This paper presented some essential elements involved in implementing Housing First from a systems perspective to move such an agenda forward from a practical standpoint.

To make a sustainable impact on homelessness, Housing First must be part of a co-ordinated strategy for responding to homelessness and the interconnected social issues that accompany housing instability. Though certainly a promising approach, Housing First can only succeed as part of a co-ordinated effort to overhaul policy and practice across public systems, with implications for practice in the government and non-profit sectors.

Housing First, as a person-centred, harm-reduction approach to the manifestation of intersecting forms of social and economic marginalization, can in many ways act as a "Trojan horse" in social policy, stimulating shifts in practice and policy from within and without government towards enhanced integration. Of course, despite its promise, the long-term impacts of this approach to integrated policy development and implementation, service planning, and delivery are yet to be determined.

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[38] Health Canada, Best Practices — Concurrent Mental Health and Substance Use Disorders (Ottawa: Health Canada, 2002). See also: Mares, Greenberg and Rosenheck, "Client-level Measures"; Flatau et al., "How integrated"; Greenberg and Rosenheck, "An Evaluation"; and Gaetz, Coming of.

ACKNOWLEDGEMENTS

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[39] Turner, A Guide.

APPENDIX 1 — PROGRAM COMPONENTS

The following list is an excerpt from my work for HPS entitled *A Guide for Community Entities to Performance Management in a Housing First Context*.[40]

The list below provides general definitions of program components in existing homeless- serving systems. Note that part of the work of the community to generate a common system structure is to also define the type of activities appropriately delivered by each program type and the target population, as well as eligibility and prioritization criteria for entry into the programs accounting for clients' level of acuity and homelessness history. The length of stay and intensity of supports should also be defined, along with expected outputs and outcomes.

Part of the work of implementing a systems approach is for a community to categorize current programs along such agreed-upon definitions. Where gaps emerge, communities can consider tackling them through co-ordinated investment-allocation processes, and/or redesigning programs and facilities.

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

Transitional housing provides place-based, time-limited support designed to move individuals to independent living or permanent housing. The length of stay is limited and typically less than two years, although it can be as short as a few weeks. Such facilities often support those dealing with addictions, mental health issues and domestic violence, who can benefit from more intensive supports for a length of time before moving to permanent housing.

It is important to note that considerable investment in transitional housing has been made across Canada — though we know that without permanent housing, clients often cycle through such time-limited facilities. If your community has a considerable stock of such units, consider whether you can transition these to permanent-supportive housing or even affordable housing.

Permanent supportive housing (PSH) provides long-term housing and support to individuals who are homeless and experiencing complex mental health, addiction, and physical health barriers. PSH can be delivered in a place-based or scattered-site model to very high-acuity clients. The important feature of the program is its appropriate level of service for those experiencing chronic homelessness who may need support for an indeterminate length of time, while it also strives to move the client to increasing independence. While support services are offered and made readily available, the programs do not require the client to participate in these services to remain in the housing. Assertive community-treatment programs, such as Pathways to Housing, in New York City, are an example of PSH using scattered-site housing.

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

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[40] Turner, A Guide.

Intensive case management (ICM) programs provide longer-term case management and housing support to high-acuity clients experiencing homelessness and facing addictions, mental health issues, and domestic violence, with a length of stay generally between 12 and 24 months. Programs are able to assist clients in scattered-site housing (market and non-market) through wraparound services and the use of financial supports to subsidize rent and living costs. ICM programs ultimately aim to move clients toward increasing self-sufficiency, thus services are focused on increasing housing stability in a sustainable manner.

Affordable housing is an appropriate intervention for low-income households who cannot afford rents based on market prices. Tenants in affordable-housing programs should spend no more than 30 per cent of their gross income on shelter. As supports are limited, more complex clients will likely need additional services to maintain housing.

Outreach provides basic services and referrals to people who are sleeping rough and require more concentrated engagement to attain housing. Outreach aims to move those who are living outside into permanent housing by facilitating referrals into appropriate programs.

About the Author

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