



Emerging Practices

Coordinated Access

All communities that receive federal Reaching Home funds under Canada’s Homelessness Strategy are required to have a coordinated access system by March 31, 2022. Coordinated access differs from program-oriented approaches: it puts the client at the centre. The goals of coordinated access are to connect individuals to services in a more streamlined way and to ensure equity of access, prioritizing those in most need of assistance. Shelters need to be a part of community conversations about coordinated access.

A coordinated access system is the process or journey by which individuals and families experiencing or at risk of homelessness are

- directed to community-level access points;
- supported to address housing challenges through triage/screening and, if needed, further assessment;
- prioritized for housing resources;
- matched and referred to housing resources when a vacancy occurs.⁷⁷

Key to coordinated access is creation of chronological and by name waiting lists through an information management system: Homeless Individual and Families Information System (HIFIS). Shelters will start to use HIFIS in 2020. Local priorities for service can take precedence over the chronological wait list.

Coordinated access systems are being created in Winnipeg, Brandon and Thompson.

Oregon has coordinated access for families fleeing domestic violence that coordinates access to emergency shelters, motel vouchers, rapid rehousing and permanent supportive housing. The main point of access is the domestic violence crisis line. When a household experiencing homelessness is identified as needing domestic violence (DV) services, they are immediately referred to the access point for survivors of domestic violence. If the household does not wish to seek DV services, it has full access to coordinated access processes for youth, families with minor children, and adults unaccompanied by minor children. If the access point determines that the household seeking DV services is either not eligible for or cannot be accommodated by the DV subsystem, participants are referred to appropriate access points for youth, families with minor children, or adults unaccompanied by minor children.⁷⁸

Shelters need to be a part of community conversations about coordinated access.



Reflective discussion

- What are the priorities for housing in your community?
- Should safety be a local priority for housing?
- Should women with children be a local priority?
- To protect identities, should people be able to be on the wait list anonymously?
- What other local concerns should shelters discuss regarding coordinated access?



Tools

- “Built for Zero Canada, Coordinated Access”: <https://bfzcanada.ca/coordinated-access/>

Deep Partnerships for Service Delivery

In the *More Than a Bed* report, over one-third (37%) of responding women’s shelters reported that they served women escaping forms of violence and abuse in addition to those from intimate partners.⁷⁹ Mandates were broadening out of concern that there were no other places to find help.

The Challenge for Change project, a three-year project led by Winnipeg’s Willow Place agency to integrate and coordinate supports needed by persons experiencing violence, advocated for a broad safety mandate for women seeking service from shelters, which is now supported by the Family Violence Prevention Program. This broader interpretation applies to women who are trafficked, sexually assaulted or whose safety is at risk because they are homeless.

As the lead in the project, Willow Place has used this broader mandate of safety to expand its service model in partnership with community. Using trauma-informed harm reduction practices, it is implementing

- STAR (short-term addiction recovery) beds in partnership with Klinik Community Health and Mobile Withdrawal Management Services. This program has been so successful that Willow Place has been asked to share why it engaged in this project, what it did and how it is working with the Addictions Foundation of Manitoba and the director of River Point Centre, a residential treatment centre. Klinik will continue to contract with Willow Place for STAR bed services.
- Onsite biweekly primary health care services (examinations, consultations and prescriptions) with an attending nurse practitioner or physician in a joint effort with Women’s Health Clinic (WHC). If evaluation of this project is favourable, WHC will continue to provide staff for the biweekly clinic and Willow Place will provide the examination room space and work station. The examination bed was purchased through an ancillary grant.

Centralized Services for Adults, part of the provincial Department of Families, is working with Willow Place to develop a coordinated case-planning and support model for women with disabilities whose living situation is not safe. Working out the wrinkles could lead to developing coordinated case planning with shelters across the province and providing effective service to this high-risk group.



Reflective discussion

- What are the advantages of service partnerships?
- What are the challenges?
- Which agencies is your shelter already in partnership with?
- Which are the potential partners in your community?

Outreach Services

New models are emerging that bring access to shelter services to potential clients. The *Shelter 2.0* discussion paper proposes a shift to “shelters without walls”. It calls on shelters to move from first-come, first-served models to serving those in highest need of support and protection from imminent danger, and to utilize outreach services to meet women with lower danger-assessment scores in safe community spaces.⁸⁰

Outreach/mobile domestic violence counselling services are currently available at Access Downtown (a Winnipeg integrated health care and social service site) and the Salvation Army’s homeless shelter, providing a model for further expansion. The Family Violence Prevention Program and the community will be asked to consider opportunities to make domestic violence counselling services across the province more accessible, discreet and cost-effective through this model. Existing shelter (and potentially resource centre) staff with strong therapeutic counselling skills may be re-deployed in this alternative model of delivering follow-up and outreach services. In Winnipeg, one additional full-time staffer would be required for expansion to the remaining six Access Centres in Winnipeg and other integrated health and social service centres.



Reflective discussion

- Would outreach services increase the number of women accessing counselling who do not currently do so through the shelter?
- What resources are needed to provide outreach?
- Which community spaces in your community could safely accommodate such services?