



The Regional Municipality of Durham

Health & Social Services Committee Agenda

Council Chambers
Regional Headquarters Building
605 Rossland Road East, Whitby

Thursday, September 10, 2020

9:30 AM

Please note: In an effort to help mitigate the spread of COVID-19, and to generally comply with the directions from the Government of Ontario, it is requested in the strongest terms that Members participate in the meeting electronically. Regional Headquarters is closed to the public, all members of the public may view the Committee meeting via live streaming, instead of attending the meeting in person. If you wish to register as a delegate regarding an agenda item, you may register in advance of the meeting by noon on the day prior to the meeting by emailing delegations@durham.ca and will be provided with the details to delegate electronically.

1. Roll Call

2. Declarations of Interest

3. Adoption of Minutes

A) Health & Social Services Committee meeting – July 9, 2020 Pages 4 - 10

4. Statutory Public Meetings

There are no statutory public meetings

5. Delegations

5.1 Karim Mamdani, President and CEO, Ontario Shores Centre for Mental Health Sciences re: Update on Psychiatric Emergency Service Proposal with the Province

5.2 Randy Straeten, Brock Resident, re: Proposal for Supportive Housing in Beaverton

- 5.3 Elizabeth Johnston, Brock Resident, re: Proposal for Supportive Housing in Beaverton

6. Presentations

- 6.1 Kelly O'Brien, Director, Income and Employment Support and Marusia Laschuk, Director, Family Services, re: Life Stabilization: Financial Assistance, Individual and Family Supports
- 6.2 Erin Valant, Program Manager, Affordable Housing and Homelessness Initiatives, Housing Services re: Coordinated Access and the By-Name List

7. Health

- 7.1 Correspondence

- 7.2 Reports

There are no Health Reports to consider

8. Social Services

- 8.1 Correspondence

- 8.2 Reports

A) Memorandum of Understanding (MOU) between the Regional Municipality of Durham and Lakeridge Health to provide expertise regarding design enhancements and operational requirements and to consider the Management of a 320-Bed Long Term Care Home on the Ajax-Pickering site of Lakeridge Health (2020-SS-11)

11 - 14

B) Durham's homelessness support system update and next steps (2020-SS-12)

15 - 25

9. Advisory Committee Resolutions

There are no advisory committee resolutions to be considered

10. Confidential Matters

There are no confidential matters to be considered

11. Other Business

12. Date of Next Meeting

Thursday, October 8, 2020 at 9:30 AM

13. Adjournment

Notice regarding collection, use and disclosure of personal information:

Written information (either paper or electronic) that you send to Durham Regional Council or Committees, including home address, phone numbers and email addresses, will become part of the public record. This also includes oral submissions at meetings. If you have any questions about the collection of information, please contact the Regional Clerk/Director of Legislative Services.

The Regional Municipality of Durham

MINUTES

HEALTH & SOCIAL SERVICES COMMITTEE

Thursday, July 9, 2020

A regular meeting of the Health & Social Services Committee was held on Thursday, July 9, 2020 in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby, Ontario at 9:30 AM. Electronic participation was offered for this meeting.

1. Roll Call

Present: Councillor Chapman, Chair
Councillor Pickles, Vice-Chair
Councillor Anderson
Councillor Carter
Councillor Dies
Councillor Roy
Councillor Wotten
Regional Chair Henry
***all members of the Committee except Councillor Chapman and Regional Chair Henry participated electronically**

Also
Present: Councillor Bath-Hadden
Councillor Foster
Councillor Highet

Staff
Present: E. Baxter-Trahair, Chief Administrative Officer
S. Danos-Papaconstantinou, Commissioner of Social Services
R. Inacio, Systems Support Specialist, Corporate Services – IT
R.J. Kyle, Commissioner and Medical Officer of Health
T. Fraser, Committee Clerk, Corporate Services – Legislative Services
N. Prasad, Committee Clerk, Corporate Services – Legislative Services

2. Declarations of Interest

There were no declarations of interest.

3. Adoption of Minutes

Moved by Councillor Anderson, Seconded by Councillor Roy,
(20) That the minutes of the regular Health & Social Services Committee meeting held on Thursday, June 4, 2020, be adopted.

CARRIED

4. Statutory Public Meetings

There were no statutory public meetings.

5. Delegations

There were no delegations to be heard.

6. Presentations

There were no presentations.

7. Health

7.1 Correspondence

There were no communications to consider.

7.2 Reports

There were no Health Reports to consider.

8. Social Services

8.1 Correspondence

- A) Correspondence from the City of Oshawa re: Resolution passed at their Council Meeting held on May 25, 2020, regarding the Licensing Payday Loan Establishments
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Moved by Councillor Roy, Seconded by Regional Chair Henry,
(21) That the correspondence from the City of Oshawa regarding the resolution passed at their meeting held on May 25, 2020 regarding the Licensing Payday Loan Establishments be received for information.

CARRIED

- B) Correspondence from the City of Oshawa re: Resolution passed at their Council Meeting held on June 9, 2020 regarding Funding to Expand the Scope of the City's Security Services and Retain CDN Protection Limited
-

Moved by Councillor Roy, Seconded by Regional Chair Henry,
(22) That the correspondence from the City of Oshawa regarding the resolution passed at their meeting held on June 9, 2020 regarding Funding to Expand the Scope of the City's Security Services and Retain CDN Protection Limited be referred to staff.

CARRIED

8.2 Reports

A) At Home in Durham, the Durham Housing Plan 2014-2024 Annual Report (2020-SS-8)

Report #2020-SS-8 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Regional Chair Henry, Seconded by Councillor Carter,
(23) That we recommend to Council:

- A) That Report #2020-SS-8 of the Commissioner of Social Services be received for information as the legislatively required annual report on the progress of At Home in Durham, the Durham Housing Plan 2014-2024;
- B) That a copy of Report #2020-SS-8 of the Commissioner of Social Services be forwarded to the Ministry of Municipal Affairs and Housing (MMAH); and
- C) That the Region of Durham request that the provincial and federal governments review relevant tax legislation and policies to identify opportunities to better incent investment in the development of affordable purpose-built rental housing through progressive and responsive federal and provincial tax reform, in order to support the goals of At Home in Durham.

CARRIED

B) Expedited Supportive Housing Development (2020-SS-9)

Report #2020-SS-9 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Staff responded to questions with regards to the management of the modular supportive housing project as well as whether there will be any adverse effects of the "Microhome Pilot" project.

Moved by Regional Chair Henry, Seconded by Councillor Carter,
(24) That we recommend to Council, subject to the approval of the Finance and Administration Committee:

- A) That, subject to a two-thirds majority vote, Council be requested to rescind its previous decision to issue a Request for Proposal for the purpose of soliciting affordable rental housing project proposals under the Ontario Priorities Housing Initiative, as adopted by Council on June 26, 2019 in Part (F) of Report #2019-COW-13 in order for the funds to be reallocated and used directly by the Region for supportive housing development;

- B) That 2021 pre-budget approval be granted for the development of a modular supportive housing project of approximately 50 units and the construction of an approximate 5,000 square foot ancillary structure to provide a combination of support services and congregate living, on Regional land located at 133 Main St., Beaverton, at an estimated cost of \$13,552,990 to be funded from the reallocation of the proposed \$5,620,900 in Ontario Priorities Housing Initiative (OPHI) and \$7,932,090 from the Social Housing Reserve Fund, subject to the approval of the Ministry of Municipal Affairs and Housing (MMAH) under Years 2 and 3 of the Ontario Priorities Housing Initiative (OPHI) in the amounts of \$2,137,535 and \$3,483,365 respectively;
- C) That a sole source agreement with Horizon North Inc. (or its affiliate NRB) for the design, delivery and installation of approximately 50 modular affordable supportive housing rental units at 133 Main St., Beaverton be approved subject to the terms and conditions being satisfactory to the Commissioner of Finance;
- D) That 2021 pre-budget approval be granted for a “Microhome Pilot” project to provide temporary supportive housing on Regionally owned lands, that are available for a limited period of time at an estimated cost \$880,000 to be funded from the Social Housing Reserve Fund and the procurement process, including potentially sole sourcing be delegated to the Commissioner of Finance and the Commissioner be authorized to award and execute any required agreements;
- E) That staff be directed to pursue all available and eligible funding from senior levels of government related to the “Supportive Housing - Modular Homes” and “Supportive Housing – Microhomes” projects, and that the Commissioner of Finance be authorized to execute any subsequent agreements; and
- F) That the CAO be authorized to urgently request the Ontario Government to make available operating funding to support the Region’s modular supportive housing initiative and that the Commissioner of Finance be authorized to negotiate and enter into any agreements necessary to secure such funding.

CARRIED

This item will be considered by the Finance & Administration Committee on Tuesday, July 14, 2020 and will be presented to Regional Council on Wednesday July 29, 2020 as Item 2 of the 2nd Report of the Health and Social Services Committee.

C) Information Sharing Agreement with Durham Connect (2020-SS-10)

Report #2020-SS-10 from S. Danos-Papaconstantinou, Commissioner of Social Services, was received.

Moved by Regional Chair Henry, Seconded by Councillor Carter,
(25) That Report #2020-SS-10 of the Commissioner of Social Services be received for information.

CARRIED

9. Advisory Committee Resolutions

There were no advisory committee resolutions to be considered.

10. Confidential Matters

There were no confidential matters to be considered.

11. Other Business

A) Motion to Add Staff for Mental Health Support Unit in 2021 Regional Budget

Moved by Regional Chair Henry, Seconded by Councillor Chapman,
(26) That the Rules of Procedure be suspended in order to introduce a motion regarding the addition of staff for a mental health support unit in the 2021 Regional budget.

CARRIED on a 2/3rds Vote

Discussion ensued with regards to the importance of providing Durham residents with around the clock crisis intervention services throughout the entire region.

Staff responded to questions with regards to the current number of units; whether the provincial and federal government will be asked to be partners in the initiative; whether there are examples and available research of similar programs being successful in North America; whether data will be collected to annually review the success of the program; and the importance of having all frontline staff trained with de-escalation training and specialized mental health training.

Moved by Regional Chair Henry, Seconded by Councillor Chapman,
(27) That we recommend to Council, subject to the approval of the Finance and Administration Committee:

Whereas there is a growing need for the Durham Regional Police Service (DRPS) to attend to individuals in a mental health crisis; and

Whereas other jurisdictions have demonstrated success with crisis intervention teams trained in de-escalation and non-violent resolution of situations requiring mental health stabilization, assessment and access to treatment and other services; and

Whereas Lakeridge Health currently has two nurses that work in conjunction with DRPS when addressing such issues; and

Whereas to effectively support this critical need, an additional three nurses are required to ensure that this support can be available 24/7; and

Whereas proactive investment in community social and health services has multiple benefits, including reducing incidence of harm and suicide, easing visits to emergency rooms, reducing time spent in police custody as a place of safety, and contributing to enhanced interaction with citizens;

Now therefore be it resolved that, the three additional nurses, as Regional employees, be recommended for inclusion in the 2021 budget at an estimated cost of \$150,000 (including salary and benefits, etc.) per nurse;

That Regional staff be directed to report as part of the 2021 budget process on total program costs and administration required with Lakeridge Health and DRPS to ensure the availability of these services on a 24/7 basis;

That staff continue to explore expansion of the Primary Care Outreach Program (PCOP) as part of the approved Regional Recovery Framework and action plan, including mobile models that address social and healthcare needs of marginalized populations, with staffing needs and requirements to be included as part of the 2021 budget process;

That staff pursue any senior government funding opportunities; and

That this resolution be forwarded to the Finance and Administration Committee for approval and subsequent recommendation at Council.

CARRIED UNANIMOUSLY ON THE
FOLLOWING RECORDED VOTE:

Yes

No

Councillor Anderson
Councillor Carter
Councillor Dies
Regional Chair Henry
Councillor Pickles
Councillor Roy
Councillor Wotten
Councillor Chapman

Members Absent: None

Declarations of Interest: None

This item will be considered by the Finance & Administration Committee on Tuesday, July 14, 2020 and will be presented to Regional Council on Wednesday July 29, 2020 as Item 5 of the 5th Report of the Finance and Administration Committee.

12. Date of Next Meeting

The next regularly scheduled Health & Social Services Committee meeting will be held on Thursday, September 10, 2020 at 9:30 AM in the Council Chambers, Regional Headquarters Building, 605 Rossland Road East, Whitby.

13. Adjournment

Moved by Councillor Pickles, Seconded by Councillor Carter,
(26) That the meeting be adjourned.
CARRIED

The meeting adjourned at 10:02 AM

Respectfully submitted,

B. Chapman, Chair

N. Prasad, Committee Clerk



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2020-SS-11
Date: September 10, 2020

Subject:

Memorandum of Understanding (MOU) between the Regional Municipality of Durham and Lakeridge Health to provide expertise regarding design enhancements and operational requirements and to consider the Management of a 320-Bed Long Term Care Home on the Ajax-Pickering site of Lakeridge Health.

Recommendation:

That the Health and Social Services Committee recommends to Regional Council:

1. That the Commissioner of Social Services be authorized on behalf of the Region to execute a non-binding Memorandum of Understanding with Lakeridge Health to the satisfaction of the Director, Legal Services, permitting Regional staff to provide expertise to Lakeridge Health with regard to design enhancements and operational requirements of a 320 bed Long Term Care Home to be owned by Lakeridge Health, and
2. That the Commissioner of Social Services be authorized to negotiate a management agreement for the operation of that Long Term Care Home subject to Regional Council approval.

Report:

1. Purpose

- 1.1 The purpose of this report is to seek the approval of Regional Council to enter into a non-binding MOU to provide expertise regarding design enhancements and operational requirements and to negotiate the terms of a management contract of a 320-Bed Long Term Care Home (LTC) on the Ajax-Pickering site of Lakeridge Health to be owned by Lakeridge Health and to allow negotiation of a management agreement for the operation of that LTC, subject to approval by Regional Council.

2. Background

- 2.1 In January 2019, the government of Ontario released the document, “Hallway Health Care: A System Under Strain”. The Ministry of Health and Long-Term Care (MOHLTC) announced its strategy to end hallway medicine which would see the addition of 15,000 new long-term care beds in Ontario within five (5) years to help meet demands of an aging population.
- 2.2 On July 28, 2020, the Ontario government announced that a new 320-bed LTC home will be built on Lakeridge Health's Ajax-Pickering Hospital site to be open by November 2021. This long-term care home will be owned by Lakeridge Health.
- 2.3 The project is part of the province's Accelerated Build Pilot Program. The pilot program is part of the government's plan to create new long-term care beds across the province.
- 2.4 Under the Regulations of the *Long Term Care Homes Act*, Lakeridge Health does not have the experience required to manage and operate a Long Term Care home in the Province of Ontario. Lakeridge Health has approached Durham to gauge its interest in entering into a management contract to manage and operate the proposed LTC home.
- 2.5 Lakeridge Health does not have the expertise in house to ultimately determine design enhancements and operational requirements of a new build LTC home and has requested the Region's assistance with the provision of information and expertise to enable their negotiations with the proponent of the project.
- 2.6 Should the Region ultimately enter into an agreement to manage and operate the proposed LTC home, the addition of our expertise at the design and build portion of the project will ensure the Region's operating standards are accommodated by the built project.

3. Discussion

- 3.1 The healthcare system is facing capacity pressures and with demographic projection, there will be added strain on the system. As of December 2019, the first choice wait list for admission to LTC in the Durham Region is 3,623 individuals with an average annual placement of 792 beds per year. Because of the long wait times for admission into LTC, people are waiting in hospitals before moving to an open bed in a LTC home.
- 3.2 With LTC homes in the Central East Local Health Integration Network (CELHIN) running at 97.7% occupancy rate, coupled with a growing population requiring care, this pressure will continue to grow.
- 3.3 The addition of 320 LTC beds to the Durham Region is welcome news and will help to alleviate some of the pressures on the wait list for the vulnerable individuals who are waiting for appropriate placement.

- 3.4 The proposed new LTC home would be built on the Lakeridge Health's Ajax-Pickering site.
- 3.5 The purpose of the Memorandum of Understanding (MOU) is to provide expertise to Lakeridge Health around design enhancements and operational requirements of aa LTC home and to negotiate the terms for a potential Management Agreement between the Region and Lakeridge Health, subject to Regional Council approval. The answers from the discussion around the funding model will provide the Region with the information required to make a more fulsome determination as to whether this is a management agreement that will benefit the Region.
- 3.6 Some of the key terms that the Region anticipates will be included in the MOU are as follows:
1. Upon execution of the MOU, Regional Staff and Lakeridge Health will begin or continue good faith discussions regarding entering into a contract for the Region to manage the Long Term Care Home.
 2. Regional staff will begin or have already begun cooperating with Lakeridge Health by supplying expertise and information concerning design enhancements and operational requirements that the Region deems advisable, should the Region and Lakeridge Health execute an agreement having the Region manage the Long Term Care Home.
 3. The Region is retaining or has retained an architect to assist in providing advice and guidance on specifications and other matters at the procurement stage based on the Region's recent experience in this field, and Lakeridge Health confirms that they will act on a best efforts basis to seek and provide funding to cover these costs and any others as part of the capital project funds allocated for the project from the Ministry of Health.
 4. The executed MOU will be non-binding. That is, either party will be able to walk away from the Long Term Care Home project if it is not satisfied with the terms of the management agreement being negotiated following the execution of the MOU.
 5. Any management contract agreed to by the parties will be subject to final approval of Regional Council prior to execution.

4. Conclusion:

- 4.1 In January 2019, the government announced that 15,000 new long-term care beds would be awarded to meet public demands of an aging population.
- 4.2 Durham Region requires additional long-term care beds given the current wait lists and the projected increase in seniors' population.

- 4.3 Lakeridge Health requires a third party to manage and operate the proposed LTC home. The Region of Durham has a long history as a stellar care provider and Regional homes are a preferred choice for many residents. Lakeridge Health requires expertise in the negotiations of the design and build contract with the ultimate proponent and the Region of Durham has recently built a LTC home and has access to the expertise Lakeridge Health requires.
- 4.4 The purpose of the MOU is to enable the Region to provide information and expertise to Lakeridge Health on a cost recovery basis to plan design enhancements, operational requirements of the LTC Home and negotiate a Management Agreement subject to Regional Council approval with Lakeridge Health to run the 320-bed LTC Home to open November 2021.

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

Recommended for Presentation to Committee,

Original signed by

Elaine C. Baxter-Trahair
Chief Administrative Officer



The Regional Municipality of Durham Report

To: Health and Social Services Committee
From: Commissioner of Social Services
Report: #2020-SS-12
Date: September 10, 2020

Subject:

Durham's homelessness support system update and next steps

Recommendation:

That the Health and Social Services Committee recommends:

That this report be received for information.

Report:

1. Purpose

- 1.1 The purpose of this report is to provide an update on the transformation of Durham's homelessness support system.

2. Background

- 2.1 At Home in Durham, the Durham Housing Plan 2014-2024, commits to reducing chronic homelessness to zero over the next five-years. Work is being done to transform Durham's homelessness support system to a transparent, standardized and needs-based approach that can track our progress towards achieving this goal.
- 2.2 The Region of Durham was invited to join the Built for Zero Canada (BFZ-C) campaign in July 2019. The Region was one of the nine communities selected from a pool of 16 candidates.
- 2.3 The BFZ-C campaign is led by the Canadian Alliance to End Homelessness (CAEH). It is a Canada-wide change effort that helps a core group of leading communities work towards ending chronic homelessness.
- a. The Region is developing a robust Coordinated Access System that meets CAEH quality standards. Once the Coordinated Access System is fully

operationalized, the Region will measure month-over-month reductions in the number of people experiencing chronic homelessness in our community.

- 2.4 Coordinated Access is a requirement under Reaching Home: Canada's Homelessness Strategy funding. All Reaching Home designated communities, including Durham Region, are required to implement Coordinated Access by March 31, 2022.
- 2.5 To advance this work, a coordinated access working group has been created under the Durham Advisory Committee on Homelessness (DACH).

3. By-Name List

- 3.1 The first milestone for Durham's Coordinated Access System is to operationalize our By-Name List (BNL). A BNL is a real-time list of all people experiencing homelessness in Durham and includes specific data points to support prioritization and program matching. Knowing the people experiencing homelessness by name and prioritizing the most vulnerable is essential to ending homelessness in Durham. For more information about By-Name Lists, see Attachment #1.
- 3.2 Durham achieved an 11/11 on our BNL Scorecard in June 2020. This means that Durham has implemented the steps needed to effectively operate our By-Name List. The next step is to track our data for three months, from July to October, to ensure it is reliable and accurate.
 - a. After three months, Built for Zero will set Durham's baseline for chronic homelessness. We will then start tracking monthly trends against our baseline to measure progress towards ending chronic homelessness.
- 3.3 The first month of By-Name List data tracking was July. The data shows that there are 28 active chronically homeless people on Durham's By-Name List. Of the 28, 6 are unsheltered:
 - a. Sixteen are adults
 - b. Nine are youth
 - c. Three are seniors
 - d. The longest length of time homeless is two years
- 3.4 Durham will progress to the Reduce to Zero cohort once the chronic homelessness baseline has been set. The Reduce to Zero cohort tracks monthly reductions in chronic homelessness using a Coordinated Access System.



Figure 1: Built for Zero Canada Cohorts

4. Coordinated Access System

4.1 Coordinated Access is a process that helps people experiencing homelessness get help in a coordinated, standardized way. In a Coordinated Access System, service providers use a shared information system and work together to triage, assess and prioritize people consistently to get supports.

- a. The 'Durham Region's Coordinated Access System' overview (see Attachment #2) provides more information about Durham Region's Coordinated Access System.
- b. The alternative to Coordinated Access is to continue to provide services on a first-come-first-served basis. This model allocates resources to those who can better navigate the support system, not those who need the services the most.

4.2 There are three key steps to Coordinated Access:

- a. Directing people experiencing homelessness to Community Access Points to be added to the By-Name List.
 - There is an established process for intake onto the By-Name List in Durham through five Community Access Points.
- b. Using a common assessment tool and transparent prioritization criteria to triage people for available housing supports.

- The 'Prioritization of Access' attachment provides more information on Durham's priorities (see Attachment #3).
- c. A centrally managed referral process for housing supports.
 - All housing-focused programs receiving homelessness funding are participating in Durham's Coordinated Access System and fill vacancies directly from the By-Name List.
- 4.3 The Region has already begun to operationalize its Coordinated Access System. The 'Coordinated Access Process Map' (see Attachment #4) provides an overview of how Coordinated Access is working in Durham.
 - a. Youth service providers successfully housed 13 of the 37 youth on the BNL within two weeks of finalizing the Community Priorities for youth.
 - b. From January to June 2020, 57 chronically homeless people were housed.

5. Conclusion

- 5.1 The Region of Durham is committed to reducing chronic homelessness to zero over the next five years. To achieve this goal, the homelessness support system is focusing on:
 - Supporting people on the By-Name List who are actively homeless by triaging their needs in a more coordinated way.
 - Operating a Coordinated Access System to improve the outflow of our homelessness system to housing opportunities.
- 5.2 The Region of Durham is one of the core communities supported by the Built for Zero Canada campaign, led by the Canadian Alliance to End Homelessness (CAEH), to work towards ending chronic homelessness.
- 5.3 The first step in this process is to operationalize the By-Name List and develop a Coordinated Access System (CAS) that meets CAEH quality standards. Once the CAS is operationalized, the Region will be able to measure month-over-month reductions in the number of people experiencing chronic homelessness in Durham.

6. Attachments

Attachment #1: What is a By-Name List?

Attachment #2: Durham Region's Coordinated Access System

Attachment #3: Prioritization of Access

Attachment #4: Coordinated Access Process Map

Respectfully submitted,

Original signed by

Stella Danos-Papaconstantinou
Commissioner of Social Services

What is a By-Name List?

A By-Name List is a real-time list of all people experiencing homelessness. It includes information that supports coordinated access for people experiencing homelessness and an understanding of homelessness inflow and outflow at a system level. It helps communities evaluate system performance to find gaps in services, track progress towards ending homelessness, and advocate for policies and resources needed to end homelessness.

There are six main data points in a By-Name List. These are outlined in the picture below. This data can be reviewed every month to see changes in our community's inflow, outflow and actively homeless numbers. This information helps communities understand what is contributing to increases and decreases in homelessness and enables communities to adjust local interventions to better plan for ending homelessness.

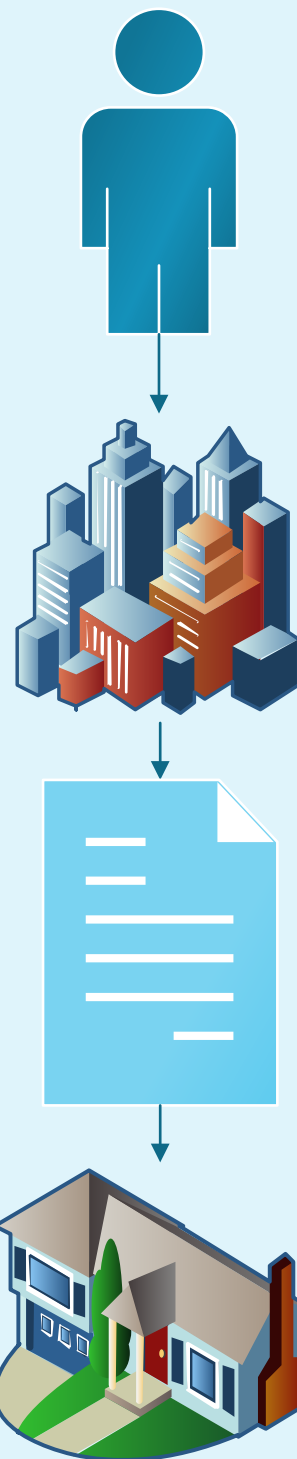


To end homelessness, we need to know everyone experiencing homelessness by name, to bring this issue to light, and to advocate for the resources necessary to help them. It is important to clarify with people that being added to the By-Name List is not necessarily an immediate promise of housing support services, but that it is the fastest way in which people will be triaged based on the priorities identified by our community.

Durham Region's Coordinated Access System

What is Coordinated Access?

Coordinated Access is a standardized method for connecting people experiencing homelessness to available resources. Coordinated Access assesses people's housing-related needs, prioritizes them for resources, and links those in need to a range of services.



Serving People Who Are Experiencing Homelessness

This includes living situations such as:

- Unsheltered
- Emergency sheltered
- Provisionally sheltered

Community Access Points

Community Access Points are trained to identify and assess people who are homeless or at-risk of becoming homeless.

Access Points use a common intake and assessment tool to assess the health and social needs of individuals and families experiencing homelessness.

Durham Access Points:

Cornerstone
Muslim Welfare Home
Durham Youth Services
Oshawa Mission United
Ajax Community Centre

Once Assessed, Families and Individuals are Added to the Durham Region By-Name List

A By-Name List (BNL) is a real-time list of all people experiencing homelessness. BNLs allow communities to know every person experiencing homelessness by name, understand their unique needs, and then prioritize them for the most appropriate and available housing intervention.

The By-Name List Informs Referrals to Appropriate Housing Services & Supports

Durham Region's BNL matches housing services and supports as they become available. Referrals are prioritized to meet an individual or family's depth of need.

Prioritization of Access

The Durham Region Homeless Serving System has identified key indicators that will determine an individual's place on the By-Name Priority List.

Youth

The top indicators identified for youth in priority order include: 1) Age, 2) History of Homelessness, 3) Tri-morbidity, 4) History of Trauma/ Abuse and 5) Current Living Arrangements.

Priority Level		Age (16-24)	History of Homelessness*	Tri-morbidity**	History of Trauma/ Abuse	Current Living Arrangements
1	High	Ascending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Unsheltered
	Low	Ascending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Emergency Shelter/ Provisionally Accommodated
2	High	Ascending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Unsheltered
	Low	Ascending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency Shelter/ Provisionally Accommodated
3	High	Ascending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsheltered
	Low	Ascending	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Shelter/ Provisionally Accommodated
4	High	Ascending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsheltered
	Low	Ascending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Shelter/ Provisionally Accommodated

*Youth who have been homelessness for 6 or more months in the past year **OR** have had 4 periods of homelessness in the past 3 years

**Tri-morbidity is the presence of mental health, physical health, & substance use issues

Single Adults

The top indicators identified for single adults in priority order include: 1) Tri-morbidity, 2) Acuity, 3) Chronic Homelessness, 4) Age and 5) Length of Time Homeless.

Priority Level		Tri-morbidity*	Acuity	Chronic Homelessness**	Age	Length of Homelessness
1	High	<input checked="" type="checkbox"/>	Descending	<input checked="" type="checkbox"/>	Senior (60+)	Descending
	Low	<input checked="" type="checkbox"/>	Descending	<input checked="" type="checkbox"/>	Adult (25-59)	Descending
2	High	<input checked="" type="checkbox"/>	Descending	<input type="checkbox"/>	Senior (60+)	Descending
	Low	<input checked="" type="checkbox"/>	Descending	<input type="checkbox"/>	Adult (25-59)	Descending
3	High	<input type="checkbox"/>	Descending	<input type="checkbox"/>	Senior (60+)	Descending
	Low	<input type="checkbox"/>	Descending	<input type="checkbox"/>	Adult (25-59)	Descending

*Tri-morbidity is the presence of mental health, physical health, & substance use issues

**Chronic Homelessness is defined as an individual or family who is currently homeless and has been homeless for: a total of 6 months (180 days) over the past year OR recurrent experiences of homelessness over the past 3 years, with a cumulative duration of 18 months (546 days)

Families

The top indicators identified for families in priority order include: 1) Tri-morbidity, 2) Family Reunification, 3) Length of Homelessness, 4) Chronic Homelessness and 5) Single Parent.

Priority Level	Tri-morbidity*	Family Reunification**	Length of Homelessness	Chronic Homelessness***	Single Parent
1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Descending	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Descending	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Descending	<input type="checkbox"/>	<input type="checkbox"/>
4	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Descending	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	<input type="checkbox"/>	Descending	<input type="checkbox"/>	<input type="checkbox"/>

*Tri-morbidity is the presence of mental health, physical health, & substance use issues

**Family Reunification refers to when a lack of stable housing directly impacts a family's ability to live together (i.e. obtaining housing either results in family reunification or allows the family to continue living together). See Family VI-SPDAT Canadian Version 3.0, Questions 13 (e) & 32

***Families who are currently homeless and have been homeless for: a total of 6 months (180 days) over the past year OR recurrent experiences of homelessness over the past 3 years, with a cumulative duration of 18 months (546 days)

Notes

In the event of a tie, the individual's/ family's Date of Intake on the By-Name List will be used as a tie-breaker in ascending order (i.e. the person who has the earlier date of intake would be prioritized first).

Priority criteria will be reviewed at least once a year in consultation with the community.

Durham Region Coordinated Access Process Map

Every step in this process should be housing-focused and supporting individuals/ households towards self-resolving their own homelessness.

START



Individual/ Household
experiencing homelessness
presents at a Community
Access Points

Determine if the Individual/ Household has been experiencing homelessness for at least 14 days:

- ✓ Unsheltered (living rough, staying outside, sleeping in vehicle)
- ✓ Emergency sheltered (staying in shelter, domestic violence shelter)
- ✓ Provisionally Accommodated or staying in a place without security of tenancy (couch surfing, motel)

Yes

No

Check VI-SPDAT:

If you think that there has been a significant life change that would change the listed VI-SPDAT score then:

- ✓ Please complete an appropriate VI-SPDAT with the individual/ household
- ✓ Upload the updated VI-SPDAT to HIFIS/ update the BNL Coordinator

If you think their score will not change, please DO NOT complete a new VI-SPDAT

Then

If already on BNL

- ✓ Confirm that their current housing status matches what is listed on the BNL and update any relevant information
- ✓ Continue to provide supports and referrals to the individual/ household
- ✓ Connect with the listed Lead Agency (if it's not your agency) to share any updated information

Yes

Check their status on the BNL

To see if the individual/ household is already on the list

No

Not experiencing homelessness or not experiencing homelessness for at least 14 days

- ✓ Provide necessary supports/ referrals & don't add them to the BNL
- ✓ Focus on self-resolution of homelessness or connect to emergency shelter options

Low-Barrier Assessment:

The minimum required information to add someone who has consented to the BNL includes:

- ✓ Name and/ or Alias
- ✓ Date of Birth/ Age
- ✓ Gender
- ✓ Current Housing Status

The referring worker should continue to actively engage the client to complete the full assessment, including the VI-SPDAT, & obtain consent.

Low Barrier

If not on BNL

- ✓ Determine if a low-barrier or full assessment can be completed
- ✓ Complete the BNL/ HIFIS Consent & Intake Form accordingly

Full Assessment

Lead Agency & continued engagement:

Continue to actively and assertively engage with the individual/ household as the Lead Agency:

- ✓ Support the individual/ household to self-resolve homelessness
- ✓ Provide housing support coordination and housing-focused case management
- ✓ Continue to provide updates to the BNL Coordinator and relevant partner agencies

Then

Document readiness:

Prepare the individual/ household to become "housing ready" by:

- ✓ Completing the Document Readiness Form
- ✓ Upload the completed form to HIFIS and/ or email it to the BNL Coordinator
- ✓ Let the BNL Coordinator know when the Document Readiness process has been completed for that individual/ household

Then

Complete VI-SPDAT:

Choose the appropriate VI-SPDAT to complete with the individual/ household

- ✓ **TAY VI-SPDAT (Youth):** Independent youth, 16-24 years old
- ✓ **VI-SPDAT (Single Adult):** Individual adults, 25+ years.
- ✓ **F-VI-SPDAT (Family):** Parent/Guardian with dependent children (under 18 years old) or who would regain custody of their children if they find housing

Then:

- ✓ Upload the completed VI-SPDAT to HIFIS & include the score on the BNL Intake Form